Issues Relating to the Organizational Structure of the Office of the Secretary of Family and Social Services

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FSSA Evaluation Committee

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Legislative Evaluation and Oversight

The Office of Fiscal and Management Analysis is a Division within the Legislative Services Agency that performs fiscal, budgetary, and management analysis. Within this office, teams of program analysts evaluate state agency programs and activities as set forth in IC 2-5-21.

The goal of Legislative Evaluation and Oversight is to improve the legislative decision-making process and, ultimately, state government operations by providing information about the performance of state agencies and programs through evaluation.

The evaluation teams prepare reports for the Legislative Council in accordance with P.L. 197 of 2003. The published reports describe state programs, analyze management problems, evaluate outcomes, and include other items as directed by the Legislative Evaluation and Oversight Policy Subcommittee of the Legislative Council. The report is used by an evaluation committee to determine the need for legislative action.

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Preface

Each year, the Legislative Services Agency prepares reports for the Legislative Council in accordance with IC 2-5-21. In accordance with P.L. 197 of 2003, this report concerns issues relating to the organizational structure of the Office of the Secretary of Family and Social Services and the Office's relationship with other agencies that provide health and human services. It has been prepared for use by the FSSA Evaluation Committee.

We gratefully acknowledge all those who assisted in preparation of this report.

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Executive Summary for Evaluation of the Organizational Structure of the Office of the Secretary of Family and Social Services

Introduction. P.L. 197 of 2003 required an evaluation of the organizational structure of the Office of the Secretary of Family and Social Services and the Office's relationship with other agencies that provide health and human services programs. The evaluation is prepared by nonpartisian legislative staff overseen by the Legislative Evaluation and Oversight Policy Subcommittee (LEOPS) of the Legislative Council. The report will be received by the FSSA Evaluation Committee for review under IC 2-5-21, which makes provision for the committee to take testimony regarding the audit report and make recommendations for legislation or administrative changes.

The state of Indiana human services agencies were reorganized in 1991 from independent departments into divisions. In the same legislation, the Office of the Secretary of Family and Social Services was established.

The purpose of this reorganization was to address certain problems identified in service delivery. Specifically, it was recognized that the former system was fragmented and that there was duplication of programs. The goals of the reorganization were summarized in a 1995 Legislative Services Agency evaluation of the reorganization as (1) improving the administration and management of human services and (2) improving the delivery of services.

Under current statute, sections of the Indiana Code authorizing the Office of the Secretary of Family and Social Services, Family and Social Services bodies, Office of Medicaid Policy and Planning, and the division directors are set to expire on January 1, 2006. Options include legislative action to reauthorize these sections or change the structure of this area of state government, or executive orders to continue the entities in the interim.

Statutory organizational structure. In implementation, it appears that the Family and Social Services Administration (FSSA) is a centralized, consolidated agency. This observation

is based on the way that budgets are prepared and the centralization of certain functions such as intellectual technology support, contracting, and human resources.

The consolidation of human services agencies at the state level appears to be on par with what other states are doing or considering. The "best practice" of organizing human services agencies seems to suggest that coordination of planning is paramount. States are using different types of collaborative bodies to achieve these results, however, including umbrellas, coordinating councils, cabinets, and commissions, to name a few

Evaluation of the operating organizational structure. LEOPS members, in a meeting in September 2003, suggested several topics to examine concerning the organizational structure of the Office of the Secretary of Family and Social Services. These suggestions were turned into areas of review, as follows:

- **1. Continuity of Leadership** the extent to which the organizational structure supports the role of the secretary.
- **2. Management Efficiency** the extent to which the organizational structure supports the work of the agency.
- **3. Interagency Communication** the effect the organizational structure has had reducing fragmentation and duplication.
- **4. Fiscal Accountability** the extent to which the organizational structure allows control of the agencies' activities.
- **5. Budget** an analysis of support and administrative staff and expenditures within Family and Social Services, and the way that budgeting can be used to make FSSA better or less expensive.

To review each of these areas, surveys were circulated to organizations that work with or are contracted by FSSA. Other states with similar general populations and organizational structures were identified and used to make comparisons. Also, certain state documents were reviewed and

interviews were conducted with key personnel, including the former secretaries of Family and Social Services.

Continuity of Leadership. It was found that Indiana does have a shorter average length of service in the secretary position than other similar states. However, there is evidence that Indiana's tenure of secretaries is not without precedence, and that even for-profit organizations' chief operating officers are serving shorter periods in the position. The most important effect that the short tenure has on the agency is the shortened planning horizon that it causes.

Management Efficiency. It appears that many states with a centralized administration for human services agencies dedicate similar portions of budget and personnel to these agencies as Indiana does, and that the management of these agencies may be just as complex as it is in Indiana.

The results of the survey undertaken by LSA indicate that staff turnover is a problem at FSSA. Steps were taken to determine if staff turnover could be related to management complexity, but an early retirement incentive may have increased staff turnover for the years observed. However, further review of issues addressed by LSA survey respondents concerning staff pay and the need for additional staff is recommended.

Within this section, program oversight and linkages between agencies to provide human services programs are also reviewed. A program inventory documents the types of interactions between agencies that must occur in order to provide each program. Although the results must be reviewed in more depth, the information can be used to determine how the interactions can best be managed.

Interagency Communications. A review of the literature concerning service integration reveals several components that are key to interagency communication, including comprehensive family assessment and joint case planning, single point of entry and collocation, and a sense of partnership. This evaluation looks at how each step is carried out at FSSA.

While more recently discussed in the literature, FSSA has made some move toward adopting comprehensive family assessment and joint case planning with "systems of care teams" to provide wrap-around services for families. These programs have only been rolled out in 11 of the 92 counties in Indiana.

In developing a sense of partnership among the divisions of FSSA, cross-training appears to be a key element. Although the listing of cross-training opportunities provided by FSSA is not exhaustive, the opportunities to learn about other programs and break down communication barriers between programs do not appear to be abundant. It also appears that programs are arranged among the divisions rather than planned by the Office of the Secretary.

An evaluation of the communications was undertaken using the LSA surveys. Based on the responses, FSSA is perceived as communicating well with outside entities. However, questions that concerned perceptions of interagency communication did not yield such positive results. For example, 53% of the respondents found that multi-problem or dually diagnosed clients do not receive programs and services to meet most of their needs. Of this group, 54% felt that better interagency communications among the divisions would improve access to programs for these clients. It appears that most respondents would like to see a closer alignment among the divisions to improve this communications gap.

Fiscal Accountability. As the result of upgrades to technology and other problems identified with contracting processes, contract payment has become centralized within the Office of the Secretary. However, the contracting process still involves the individual divisions which prepare contracts and must sign off on payments. A review of contracts shows that most contracts are let for one year and that the average contract value was \$5.5 million for calendar years 2000 and 2001. The actual contract values ranged widely between \$0 and \$183 million. Large contracts may cover a period of years, and \$0 contracts represent a set service cost, but unlimited quantities to be purchased.

In addition to contract review, a description of the internal audit function was undertaken. It appears that the unit that performs internal audit is continuing to undergo changes, as it has over the last seven years. Currently, the unit is performing an account number overview of FSSA from which a risk analysis of the agency can be developed.

In addition to internal audit, the State Board of Accounts is responsible for an annual audit of the agency based on federal law. A review of the findings of the annual audit indicates that FSSA has more findings than other state agencies receiving federal funds. The types of findings for FSSA range from the lack of written procedures to insufficient or no review of audits submitted by vendors to cases of fraud. Findings about the Medicaid or Medicaid/CHIPS program represent about 40% of the findings on average over the three years. Most of the problems identified concern insufficient audits and edits within the claims payment system to identify duplicate billing, excessive payments, or invalid billing. Some reconciling errors have been noted as well. Three cases of fraud or illegal activity are discussed in the audits with two of these cases first being identified by FSSA internal audit.

Budget. A review of the FY 2004-05 biennium finds that federal funds provide 63.9% of the total budget. Very little funding in the state budget (0.3%) comes from local sources, although counties have some responsibility for human

services programs within their own budgets. State institutions are primarily funded with state General Fund dollars. From July 2001 to July 2003, the number of positions within FSSA decreased by 7.4% with the greatest decreases coming from the state-operated institutions and the Division of Family and Children county offices.

Currently, FSSA includes performance-based measurements in its budget presentation. Ways in which performance-based measurements could be used to improve efficiency are explored, including ways in which this technique could improve business unit performance, as well as program-level improvements.

Conclusion. The recognition that human services agencies must communicate with one another to avoid problems of fragmentation and duplication appears to be common among states. Indiana began to address this issue with the formation of the Office of the Secretary of Family and Social Services. This evaluation attempts to look at issues that relate to the organizational structure of the Office and look for ways in which the organizational structure can be strengthened to improve service delivery. Among the products of this report that may lead to this improvement are an inventory of interactions between human services agencies providing programs, information on staff turnover, and a look at performancebased budgeting.

Section 1. Introduction

Legislation passed during the 2003 legislative session required the Legislative Evaluation and Oversight Policy Subcommittee (LEOPS) of the Legislative Council to direct staff to perform an audit of the organizational structure of the Office of the Secretary of Family and Social Services and the Office's relationship with other agencies that provide health and human services programs. This audit was conducted in accordance with IC 2-5-21, which directs staff to consider, among other items:

- 1. The objectives intended for the agency and the degree to which the intended objectives have been achieved.
- 2. Budget and fiscal factors, including the effect of the agency on the Indiana economy.
- 3. Areas of outstanding performance.
- 4. Whether operations of the agency have been efficient and responsive to public needs.
- The management efficiency of the agency.
- 6. Any other criteria identified by LEOPS.

In addition to these statutory recommendations, LEOPS members suggested that the following issues be addressed in the Family and Social Services audit:

- The fact that there have been nine secretaries of Family and Social Services since the creation of the agency and the impact this has on continuity.
- 2. Communication within Family and Social Services.
- 3. Whether there is too much or too little support and administrative staff and expenditures within Family and Social Services.
- 4. The fiscal accountability within the agency.
- 5. The best structure to use for the delivery of social services.
- 6. Whether the agency can be made better or less expensive.

Beyond these directives and recommendations, the sections of the statute authorizing the Office of the Secretary of Family and Social Services, Family and Social Services bodies, Office of Medicaid Policy and Planning, and the division directors are set to expire on January 1, 2006. While this report has not been drafted to address the expiration of these entities, the evaluation provides background for actions that may be taken as a result of the expiration date.

In 1991, the Office of the Secretary of Family and Social Services was created through legislation which transferred responsibility for existing human services to one of three divisions or the Office of Medicaid Policy and Planning within the Office of the Secretary. (The Office of the Secretary and the three divisions are referred to as the Family and Social Services Administration and use the abbreviation FSSA.) Responsibilities for programs and services were assigned to the divisions, the division directors, or to sections (later known as bureaus), which are located within the divisions. Each division was headed by a director and each bureau by a bureau head. Although the statute has been recodified and new programs and changes incorporated over the years, the overall plan set forth in the original legislation has not changed.

The organizational structure that was enacted resulted from executive branch and legislative branch proposals. Section Three works to define the state agency's statutory organizational structure for a more thorough understanding of how the Office and divisions are expected to work together and discusses the organizational structure that is in operation at FSSA.

In order to evaluate the organizational structure in Section Four of this report, interviews were conducted with former FSSA secretaries and a survey was addressed to several advocacy and service organizations. In addition, other states with consolidated and cabinet-style organizational structures for their human services agencies were examined for comparison to the Indiana system. Finally, state documents, such as contracts with vendors, budgets, and audits by the State Board of Accounts, were also used to examine specific operations.

As an introduction to the topics covered in Section Three and Section Four, a general discussion of human services programs and organizational structure follows. State history with program usage information as well as the effects of federal funding on state programs is discussed in Section Two.

Over the last several years, problems at FSSA have been highlighted in the press. Media reports have indicated that charges have been filed against caseworkers in cases involving children dying as the result of neglect or abuse. Also, fraudulent contracts and misappropriation of funds for personal enrichment by employees and contractors have been the subject of these reports. The highlighted problems have led to criminal cases that are currently in the court systems. To the extent that these cases reflect on the organizational structure of FSSA, they have been considered for this evaluation. However, the purpose of this evaluation is neither to validate the charges nor to interfere with ongoing investigations. Therefore, the allegations are examined within this evaluation through information available from newspaper accounts and, in some cases, reports provided by other governmental agencies such as the State Board of Accounts.

What are Human Services

Human services are a broad set of supports that are provided by a government or private entity to individuals who are vulnerable due to economic hardship, physical or mental condition, or age. The supports can range from direct cash stipends to training to licensure of facilities and individuals who provide services. The people who receive services also are not homogenous. They come from all age groups and backgrounds, and the severity of their needs may vary significantly.

Human services are not necessarily closely related to one another, because the range of services are so broad and the clientele so diverse. However, at the state level, certain advantages can be found in tying human services programs together. One of the advantages that will be discussed throughout this report is service integration. Services integration is defined as "streamlined and simplified client access to a wide range of benefits and services that bridge traditional program domains." (Ragan, 2003) The reasons that human services can be tied together include crossover caseloads, funding sources, and support

systems.

Even though the people receiving services cover a broad range of needs and characteristics, often one person will need more than one type of service. For example, a person who needs substance abuse treatment may also need assistance in housing or child care. The fact that people typically need help from more than one category of services is one of the primary reasons that human services programs have been linked together. The efficiency with which a person may receive services may improve the outcome for the person in need and reduce redundancy within the human services delivery system.

Human services are, by and large, based on funding from the federal government along with direct or indirect support from state funds. Federal funding often carries requirements for use of the funds and may require the state to make certain expenditures. With block grants, which became more popular during the mid-1990s, funds have fewer requirements and are provided more often to the community level. In this case, the state may have a regulatory responsibility to audit and review the use of the funds. Since human services programs are linked with federal funding and the resulting regulation, the relationship with the federal government is often a critical factor in providing human services, and efforts to attract or retain federal funding may link human services programs and delivery systems.

In the same way that federal funds may link human services, other support systems, such as data services, also connect human services. Because caseloads may overlap and because data needs may be similar, certain synergy may be achieved when human services are linked with one another. By bringing human services together in Indiana with the formation of the Office of the Secretary of Family and Social Services, common support systems could be developed, such as the ICES and ISETS computer systems, which can improve the access to human services programs for recipients.

In some states, public health is combined with human services, but Indiana does not do this. Certain services provided by the health department complement human services including data collection and licensure. However, other services are not aligned with human services, and may actually relate better to other types of programs such as environmental protection or as a stand-alone program. Whether public health services should be administered with human services programs is not straightforward because different models underlay each structure.

What is Organizational Structure

In general, organizational structure refers to the lines of authority within an organization that control the organization's activities. Control exerted over the organization's activities can provide for productivity, consistent quality, and protection against malfeasance. Usually the organizational structure is depicted by boxes that represent positions within the organization connected by lines of authority. In traditional organizations, control is exerted from the top of the structure over the bottom. However, not every organization is depicted this way, and often the concepts of organization extend beyond the boxes to issues

such as corporate culture, mission, and valued-added services.

The study of organizational structure combines sociology and psychology. Early work concerning bureaucracy and organization was pursued by Max Weber, a nineteenth century social theorist who described bureaucracies as "goal-oriented organizations designed according to rational principles in order to efficiently attain their goals." (Elwell) The rational organization gave way to scientific management principles and organizational behavior studies. In the beginning, these studies concerned improving profitability by increasing employee efficiency. The pursuit of machine-like proficiency was overtaken by recognition that humans are more complex than machines. This led to psychological study of the way in which workers could be motivated to be better producers through incentives and controls.

These works, however, begin to break down when nonmanufacturing organizations are considered. For example, the number of patients a psychologist sees is less important to positive outcome than a patient following a well-conceived treatment plan. While measuring the number of clients a psychologist sees each day is an easy and objective measure of productivity and profitability, the goal of a psychological practice is better described as the positive outcome for the majority of patients. In order to secure a positive outcome, the psychologist may need to allocate time to developing treatment plans or to pursuing noncompliant patients, and spend less time in direct treatment of patients, especially those who are progressing well along their treatment plan. (Kessler, 2004)

Moreover, the organizational structure that supports a practice of psychologists varies from that of a production environment. While the traditional organization is hierarchical in nature, a human services organization may have a relatively flat structure where the boxes connect to one another on the same level rather than to a box higher on the diagram. This type of peer-to-peer structure works well in an environment where professionals work autonomously or have equal authority. However, the issues of how to control activities, particularly of how to provide consistent quality, are more critical in this type of organization.

The type of reorganization of human services programs that took place in Indiana in 1991 was partially concerned with the lines of authority. The purpose of the reorganization was integrating human services programs among the various agencies that provided them, thereby reducing fragmentation and duplication of services. While the literature still discusses the lines of authority for state programs (Robison, 2004), different avenues to achieving system integration now dominate the literature.

Results from a literature review indicate that service integration and collaboration were issues in 1990 and continue to be issues today. A report from the National Conference of State Legislatures (NCSL) explains how the focus of the issue has changed:

Collaboration among executive branch leaders has been valuable for coordinating planning among state agencies and increasing the attention given to particular issues or underserved populations. However, it has become clear that to effect

change often requires collaboration among representatives of a broader range of resources, as well as some level of confrontation and accountability. (Robison, 2004)

Studies reviewed for this paper rarely consider the overall state human services system. Studies either review exemplary local agencies to find common features that would improve services or provide information to improve interactions among smaller, independent agencies. Information about the organizational structure of state agencies is primarily presented in terms of the effect on one segment of the population served, for example, the disabled, long-term care users, or children.

Based on this review of literature, there appears to be no ideal model for organizing state human services agencies. However, service integration and collaboration among human services programs appear to be a key to improving the delivery of services. Even though the literature indicates interest in these topics has moved beyond the state-level organizational structure, this evaluation considers the results of state reorganization undertaken in 1991. In many cases, the question of how the state organizational structure performs can only be answered based on the population being served. The purpose of the evaluation is to look at the overall organization and its performance, and this will be done in terms of service integration and collaboration.

Section 2. Background on Divisions and Office of Medicaid Planning and Policy

The organizational structure of Family and Social Services is shaped by more than the restructuring that took place in 1991. This section examines human services program history and other outside influences that help determine the structure of Indiana's human services programs within the three Family and Social Services Administration (FSSA) divisions: the Division of Disability, Aging, and Rehabilitative Services (DDARS); the Division of Mental Health and Addiction (DMHA); and the Division of Family and Children (DFC); as well as the Office of Medicaid Policy and Planning (OMPP). Through the review, the diversity of the programs found in each entity is explored.

Included in the review is a general description of the population served, program structure, the funding sources, and the changes that have occurred since 1991 when the individual departments were forged into a single structure. While OMPP, in statute, is part of the Office of the Secretary, each of the three divisions exists independently to the extent that each division is given separate areas of responsibility. However, in many cases, the divisions and OMPP interact to serve populations that overlap. Here, the interactions are not explored, but rather, the unique structure that has developed in each division is revealed.

Factors Shaping State Program Structure

Most human services programs receive federal funding, and, as a result, are affected by federal court decisions and other federal requirements. The Olmstead Decision and the maintenance of effort requirement affect many of the human services offered by the state. These two factors are discussed, and

the effect on particular divisions is highlighted below. In addition, the effect of federally run human services programs within the state is discussed.

The Olmstead U.S. Supreme Court Decision

Both DMHA and DDARS are affected by the 1999 U.S. Supreme Court decision, known as Olmstead, which held that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. Furthermore, Olmstead said that the Americans with Disabilities Act may require states to provide community-based services rather than institutional placements for individuals with disabilities if treatment professionals determine:

- 1. Community-based services are appropriate.
- 2. The affected individuals do not object to such placement.
- 3. The state has the available resources to provide community-based services.

Both state developmental centers and mental health institutions are affected by the decision. According to statute, DDARS is responsible for operating the state developmental centers, while DMHA administers the mental health institutions. Partially as a result of Olmstead, the divisions focus on providing alternate services in a community setting as opposed to an institutional one, resulting in a steady decrease in the number of persons residing in institutions over time.

DMHA: In 1989, the seven mental health hospitals had a patient population of 3,612. With the closure of Central State Hospital in 1994 and the downsizing of other facilities, the current patient census is about 1,200.

DDARS: In 1989, the four state developmental centers had a patient population of 1,521. With the closure of New Castle SDC and Northern Indiana SDC in 1998 and the downsizing of the other facilities, the patient census in May 2004 was about 363.

The decrease in the number of individuals residing in state institutions has led to additional contracting for community-based services with nonstate entities as service providers. Some direct effects of the increased number of contracted service providers are more contract and service oversight and improved contracting systems. However, over time, the trend towards community-based care systems will affect human services programs in many, as yet unforeseen, ways.

Maintenance of Effort in Programs

Maintenance of Effort (MOE) programs are an example of a federal requirement that influences state human services program development. Many federally mandated programs require that the state fulfill specified requirements in order to continue receiving funding for the program. The requirements may be in the form of a cash match of state funds to a previous funding level or to a commensurate level of federal funding, or for a noncash provision of services at a specified level. In some cases, the MOE does not have to come from the entity receiving the funding, but may be spread out across state and local agencies that may appear to be unrelated.

An example of how an MOE requirement works is related to the Temporary Assistance for Needy Families (TANF) program. TANF was established by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 as a welfare reform initiative to replace Aid to Families with Dependent Children (AFDC). The former AFDC program was an entitlement program where the federal government reimbursed states at an annually determined reimbursement rate on all expenditures. The federal share for TANF is now provided through a capped block grant allocation with a state MOE. The program is administered by DFC at the state level.

Each fiscal year, states are required to spend 80% of a historic state expenditure for benefits and services for members of needy families to meet the TANF MOE. A state's TANF MOE can be fulfilled by a diverse array of benefits and services, including TANF dollars spent as part of the state's TANF cash assistance program. "State flexibility in program design flows from the state's ability to segregate MOE funds from TANF funds, and to use MOE funds for separate state programs not subject to the requirements that generally apply to TANF cash assistance." (Center for Law and Social Policy, 2002)

Penalties for failing to meet the TANF MOE are non-negotiable, and the federal government disallows any state from presenting a reasonable cause for not fulfilling its MOE. Furthermore, as is the case with many programs involving an MOE, the federal government does not allow a corrective compliance opportunity. There are several consequences if a state fails to meet its TANF MOE. They are as follows:

- 1. The state's TANF grant will be reduced on a dollar-for-dollar basis in the subsequent year reflecting the extent of noncompliance.
- 2. The state will be required to expend additional state TANF MOE funds in its TANF program equal to the amount by which the state fell short of meeting the MOE requirement.
- 3. If the state received a Welfare-to-Work formula grant in the year in which it failed to meet the TANF MOE requirement, the state's TANF grant in the year after the failure will be reduced by the amount of the state's Welfare-to-Work formula grant.

MOE is significant to the way in which the state organizes and manages human services programs. Failure to meet MOE requirements often has an effect beyond the program in which the problem occurred. For example, DMHA's funding for the Substance Abuse and Prevention Treatment Block Grant (SAPTBG) is largely connected to the Tobacco Sales to Minors (SYNAR) program. The state must prove to the federal government that fewer than 20% of teenagers are able to buy cigarettes. If it is unable to do so, the state loses 40% of its SAPTBG funding. If the state fails to fulfill the noncash SYNAR MOE requirement, the wide number of programs funded by the SAPTBG would suffer.

Federally Run Programs

There are several programs in Indiana which are 100% federally run, meaning that the state is minimally involved in the administration of these programs that benefit Indiana residents. In fact, any involvement is usually characterized by one or two state employees strengthening connections between the federal

program and other state programs that would benefit from knowledge of the federal program. An example of one such program is Head Start, the federal program begun in the 1960s as a part of the "War on Poverty" to provide comprehensive child development programs. Head Start serves children from birth to age 5, pregnant women, and their families. The state is not responsible for administration of the Head Start program, but there is one employee who acts as a liaison between state child development programs and the federal Head Start program.

The Divisions

Although the state human services agencies were reorganized in 1991, many of the programs and services that are involved were established long before 1991. By the same token, since the restructuring of state programs and services, certain key programs and services have undergone significant changes in the underlying philosophy and goals. The following is a brief discussion of the history and programs provided in DFC, DDARS, DMHA, and OMPP.

Division of Family and Children

From the FY 2004-05 Appropriations:

Programs and Administration \$1,023,950,955

Funding Source Split^a 72.7% Federal / 26.1% State

Population Served From the general population -

economically disadvantaged and vulnerable citizens such as

children.

Overview

DFC is the most complex of the four entities being discussed because DFC is responsible for the largest number of programs and the largest number of persons being served by FSSA. DFC programs focus on strengthening families and children with an emphasis on prevention, early intervention, and an aim toward self-sufficiency. Program areas include TANF, food stamps, housing, child support, child protection, child care, adoption, energy assistance, homeless services, medical services eligibility, nutrition assistance, and job programs.

The population served by DFC is extensive and diverse. While the majority of persons served are children and families, the division provides services for people in the larger general population who are economically disadvantaged. Services for the latter include, but are not limited to, unemployment services and food stamps. Assistance with child care and child care provider licensing are also responsibilities of DFC.

DFC's services for certain programs, such as TANF, are time-limited for some persons and not for others. Children are, in general, if eligible for the program,

^aState funding sources include both the state General Fund and state dedicated funds. Among the sources of revenue to state dedicated funds are federal funds.

eligible for services under any circumstance. For example, if a family on welfare times out (i.e., has been on welfare for the maximum time permitted by statute), its children will continue to receive services even though the parents do not.

Program Structure

A large proportion of DFC's programs are federally mandated. Two examples include child welfare and TANF, both of which have changed immensely since FSSA's creation. The changes and their effect on DFC are described below.

Child Welfare: The federal government frequently passes new child welfare laws which place additional mandates on states. For example, in 1997, the Adoption and Safe Families Act (ASFA) was passed which required states to, among other things, conduct a permanency planning hearing for youth 12 months after the day that a child enters into care. In the state, the effect of ASFA could be seen from the larger DFC structure where policy changes were necessary, to the courts where an increase in the frequency of cases being heard occurred, and to child welfare workers who were under pressure to accelerate permanency planning.

Temporary Assistance to Needy Families: Welfare programs underwent a large restructuring in 1996, bringing a new attitude toward welfare recipients and requiring recipients to work toward independence. The changes brought by the TANF program created a whole new method of administering welfare, pushing the responsibility of the welfare system from federal government administration to state administration. States were forced to create a welfare system while keeping federal requirements in mind. Shifts at the federal level create a need for similar state shifts in goals, philosophies, and linkages that underlie this program. Since the state's restructuring of human services in 1991, program structure and emphasis has continued to change for DFC.

The federal government may mandate the structure of the entity that will provide a particular federally funded program or service. At DFC, the federally mandated programs differ in whether or not they have an overlying structure established by the federal government. Several of the programs are somewhat flexible. In some cases, the federal government may establish an overlying structure, but leave portions of the overall program design to the states. For example, states participating in TANF may decide whether or not they wish to provide financial assistance through TANF for single mothers attending school.

Other programs are completely structured by the federal government. For example, states must provide an Independent Living Skills program for youth emancipating from the foster care system within child welfare programs. In another example, the First Steps Program mandates that to receive federal funding, only certain services be provided for a certain group of youth. The state may not add additional services to those specified by the federal government.

Also unique among the state's human services providers, DFC has the largest number of state-initiated programs. For example, a state-identified need for child care has led to the creation of several child care assistance programs outside of the federally mandated Child Care Development Fund (CCDF) program. DFC has also continued programs that were originally federal programs but for which the funding has been discontinued. An example is the system of Youth Services Bureaus. The Bureaus were originally established by the federal government in the 1960s. When funding was discontinued, the state initially withdrew from participation, but then resumed the program when a need was evident.

The state organizational structure supporting federal programs may vary from the federal organizational structure as programs in various federal entities are united in one state division. DFC provides programs that are provided by the federal Department of Health and Human Services (TANF), the United States Department of Agriculture (Food Stamps), the Department of Energy (Home Weatherization), and the Department of Education (First Steps and Early Intervention).

Funding

Funding for DFC programs is a combination of federal, state, and local money. One of the larger programs, TANF, is funded through a federal/state match process with the federal money coming from a block grant. Child welfare is funded by both the state and federal governments. However, in this case, the federal government only reimburses for individuals meeting certain eligibility criteria, as opposed to reimbursing a certain percentage of the overall cost. Other programs that are state-initiated have funding from a large variety of sources. Hospital Care for the Indigent is funded through a property tax levy; Hoosier RX is funded with tobacco master settlement agreement funds; and the School Age Child Care Project Fund, while originally funded with Cigarette Tax money, is now funded through the state General Fund.

Additionally, DFC receives a great deal of its federal funding through the Social Services Block Grant (SSBG). SSBG funds are shared with the other divisions of FSSA as well as the Department of Correction and the Department of Health.

Division of Mental Health and Addiction

From the FY 2004-05 Appropriations:

Programs and Administration \$207,734,216

Funding Source Split 37.2% Federal / 62.8% State

Institutional Expenditures \$144,048,167°

Population Served From the general population -

persons with addiction or mental heath problems who

are economically disadvantaged.

^aFederal funds reimbursing state expenditures are recovered by the state and placed in a state dedicated fund called the Mental Health Fund. Expenditures for institutions are appropriated from the state General Fund and the Mental Health Fund. For institutions operated by DMHA, when the source of recovered funds is considered, the federal/state funding source split is 13.6% federal/86.4% state.

Overview

DMHA programs provide services for people from the general population with a variety of problems such as addiction or mental illness. Adults, adolescents, and children are provided services for drug, alcohol, or gambling problems, and prevention is a major aim of DMHA. The division assures the availability of accessible, acceptable, and effective mental health and chemical addictions services for the economically disadvantaged.

DMHA provides services through the Hoosier Assurance Plan (HAP). HAP is the primary funding system used by DMHA to pay for mental health and addiction services. DMHA contracts with managed care providers who provide an array of care for individuals who meet diagnostic, functioning-level, and income criteria. Persons eligible for HAP must:

- 1. Qualify for Medicaid, food stamps, or fall at or below 200% of poverty.
- 2. Meet certain evaluation criteria that are determined by a mental health professional.
- 3. Provide proof of income.
- 4. Provide their social security number.

Historically, the main function of DMHA was to provide mental health services in state institutions. With Olmstead and changes in best-practice theories, DMHA has branched out into other areas of service. DMHA currently concentrates resources at preventing teen smoking and for homeless programs. While the majority of DMHA programs are aimed at individuals with mental health or addiction issues, the homeless programs are directed toward the general homeless population. The focus on homelessness results from the high percentage of homeless who have either a mental health problem, a substance abuse problem, or both.

Program Structure

DMHA has very few state-initiated programs, and, as a result, DMHA's program structure is dictated by the federal government for those programs which are federally mandated. The majority of DMHA programs are either mandated by federal law or the result of federal grant money for which the state has applied. Federally mandated programs do not allow the state much flexibility, but this is not the case for the federal grants. While grants do not allow a lot of flexibility for structuring a program, the state does have flexibility in deciding which grants to apply for. By applying for grants, the state exercises a choice in the resources and programs that it provides. Indiana increases the number of available programs at DMHA by applying for a significant number of federal grants. It is estimated that over 50% of its programs are funded in this way.

Funding

Funding for DMHA programs comes from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Substance Abuse and Prevention Treatment Block Grant (SAPTBG), as well as several individual grants. Federal mandates create a sense of stability at DMHA because the majority of these programs were implemented prior to the creation of FSSA and have not changed much since their inception. Federal grants, on the other hand, have been applied for more recently. These grants tend to be short in duration and, as a result, create a constant turnover in the programs available and the populations to be served.

The state initiated the Gamblers Assistance Program in 1993, when 11 riverboat gambling sites were created. The Legislature required that \$0.10 of each Admission Tax paid to the riverboat go to DMHA for the prevention and treatment of problem gambling behavior. In 1995, the Legislature amended the law to allow for 75% of the funding to be used for the prevention and treatment of alcohol and drug abuse and compulsive gambling. A minimum of 25% of the riverboat funding is required to be allocated to compulsive gambling programs. The alcoholic beverage excise taxes are another state source for addiction treatment for low-income individuals.

The Division of Disability, Aging, and Rehabilitative Services

From the FY 2004-05 Appropriations:

Programs and Administration \$320,164,515

Funding Source Split 37.2% Federal / 62.8% State

Institutional Expenditures \$86,374,018^a

Population Served From condition-qualifying

populations - persons with disabilities or the elderly, primarily economically

disadvantaged.

^aFederal funds reimbursing state expenditures are recovered by the state and placed in a state dedicated fund called the Mental Health Fund. Expenditures for institutions are appropriated from the state General Fund and the Mental Health Fund. For institutions operated by DDARS, when the source of recovered funds is considered, the federal/state funding source split is 44.7% federal/55.3% state.

Overview

The population served by DDARS is more limited in scope than the populations already discussed. This is due largely to the eligibility criteria which initially eliminate certain portions of the state's population. As its name indicates, DDARS serves the disabled and aging populations. Leaving the general population behind, DDARS serves individuals of all ages with disabilities, elderly persons, and family members of those falling in the previously mentioned categories. In most cases, income criteria apply to DDARS programs, and the unit serves indigent Hoosiers.

DDARS helps people with disabilities and older Hoosiers maintain independence through in-home services, supported employment, independent living, nutrition, deaf and hard-of-hearing services, blind and visually impaired services, and Social Security Disability eligibility.

Program Structure

The majority of DDARS programs were established prior to the creation of FSSA. In general, services for DDARS are provided in locations which allow for easy access. DDARS programs are provided primarily through contracted agencies, as follows:

Aging: DDARS contracts with Indiana's 16 Area Agencies on Aging (AAA) to provide its services for the aging population. Its uniformity of services provided in decentralized locations is supported by the state's effort to simplify funding. In FY 2000, Indiana created one line-item appropriation for the funding of aging services.

Disabled: Services for the disabled population tend to be decentralized but uniform as well. A large number of services for the disabled are provided through local Vocational Rehabilitation offices and the Bureau of Developmental

Disabilities Services. These offices provide or contract for a wide array of services including: (1) blind and visually impaired services, (2) independent living skills, and (3) community services.

Funding

The majority of DDARS programs are federally mandated. As discussed above, federally mandated programs provide for the structure of the larger organization. In this case, a separate entity is mandated by the federal government. Flexibility is allowed in the creation of the smaller parts of the programs. An example is the Long-Term Care Ombudsman program which is mandated by federal law. Each state, however, decides what services to provide through the Ombudsman program.

In addition, there are several state-initiated programs within DDARS. In general, these programs are directed towards the elderly population, and some examples include Adult Protective Services and the Adult Guardianship Program.

The largest state-funded program in the division is the Community and Home Options to Institutional Care for the Elderly and Disabled Program (CHOICE) which receives an average annual appropriation from the state General Fund of \$47 million based on appropriations for the FY 2004-05 biennium. CHOICE provides community and home-based services to aged or disabled individuals at risk of institutionalization.

DDARS has several programs which are funded through agencies other than the federal Department of Health and Human Services (DHHS). For example, the Senior Community Service Employment program is administered through the U.S. Department of Labor. Another example is the Accessing Technology Through Awareness in Indiana (ATTAIN), funded through the U.S. Department of Education. This program provides funding to the Protection & Advocacy System, or as it is referred to in Indiana, the Indiana Protection and Advocacy Services (IPAS). IPAS advocates for persons with disabilities and who are seeking technology or related services.

Office of Medicaid Policy and Planning

From the FY 2004-05 Appropriations:

Programs and Administration \$4,391,818,059

Funding Source Split 70.0% Federal / 30.0% State

Population Served: From the general population -

economically disadvantaged or significant disabilities.

Overview

Unlike the divisions, according to statute, OMPP is a part of the Office of the Secretary of Family and Social Services. OMPP is required by statute to have a memorandum of understanding with each of the three divisions of FSSA

concerning the administration of programs, accountability and auditing responsibilities, and which allows each division to advise on rules and standards of Medicaid programs. The memorandum of understanding highlights OMPP's role as a service agency and shows that OMPP's population is made up of the clients in the three other divisions.

Medicaid was implemented in Indiana on January 1, 1970, and was known as Medical Assistance. The program is included in Title XIX of the federal Social Security Act of 1965. It is administered at the federal level by the Centers for Medicare and Medicaid Services (CMS), which is a part of the U.S. Department of Health and Human Services. The program is voluntary, and a state can decide not to provide Medicaid or health insurance for the low-income or medically needy populations. Currently, 49 states choose to implement a Medicaid program.

Medicaid assists low-income residents of Indiana by providing insurance coverage for health care services, and OMPP administers the program, although other divisions may be involved in eligibility decisions.

Program Structure

The federal government has created the larger structure for the Medicaid program, however, it allows states to have some flexibility in deciding what the parameters of the program will be. This flexibility extends to the categories of individuals served and types of services provided.

The three larger populations for which a state is mandated to provide services include children and families, the disabled, and the elderly. However, states may choose to provide services to what are called "optional" categories of persons, such as employees with disabilities, and children who are wards of the court. States often choose not to provide services for optional categories because of the resultant increase of expenditures for the Medicaid Program. Indiana serves very few optional populations. The federal government also mandates the services that must be provided. Again there are "optional" services that states can choose to offer. Indiana offers a large number of optional services.

The federal government sets thresholds for eligibility for Medicaid programs based on a percentage of the Federal Poverty Level (FPL). A state must serve at least the minimum percentage, but may serve up to the maximum percentage. (Note: States may provide services to individuals above the maximum percentage, however, they will receive no federal monetary reimbursement for those services.)

Thresholds set by the federal government vary by population category. For example, under the Medicaid Program, the federal government requires states to provide services for children between the ages of 6 and 19 who are either at or below 100% of the FPL. If the child is under six, however, services must be provided for those at or below 133% of the FPL. For children under six, according to federal reimbursement guidelines, services may not be provided to anyone above 185% of the FPL. Indiana has instituted a program which provides health care services to any child at or below 150% of the FPL through the Children's Health Insurance Program (CHIP).

Waivers

Federal regulations sometimes permit states to use a "waiver" or exception from one or more of the federal program requirements. A waiver allows the state to provide services in a setting other than in an institutional setting, to provide services not otherwise available in the state Medicaid Plan, or to specified individuals who would not otherwise be eligible. Indiana currently has eight home- and community-based services waivers including:

- 1. Aged and Disabled
- 2. Autism
- 3. Developmental Disabilities
- 4. Medically Fragile Children's
- 5. Traumatic Brain Injury
- 6. Assisted Living
- 7. Supported Services
- 8. Serious Emotional Disturbance

These waivers make Medicaid funds available for home- and community-based services as an alternative to institutional care under the condition that the overall costs to Medicaid for supporting waiver recipients in the home or community is no more than institutional care would have been for those individuals as a group.

Individuals must be Medicaid-eligible to receive a waiver. With the exception of the Assisted Living Waiver and the new Serious Emotional Disturbance Waiver, all of the waivers have extensive waiting lists. Waiver waiting lists exist because the federal government approves a limited number of slots for certain waiver types, or because the state funds fewer slots than are available in total.

Exhibit 1 is a summary of Indiana home- and community-based services waivers.

Exhibit 1: Home- and Community-Based Services Waivers

Waiver	Number of People Currently Served	Waiting List (Duplicated)	
Aged and Disabled	4,328	2,726	
Assisted Living	70	36	
Autism	347	2,291	
Medically Fragile	130	826	
Traumatic Brian Injury	174	227	
Developmental Disabilities	5,139	11,361	
Support Services	3,550	7,145	
Serious Emotional Disturbance	1 (pending)	0	

Source: Presentation to Government Efficiency Commission Subcommittee on Medicaid and Human Services, June 22, 2004.

Funding

Medicaid is funded jointly by the federal and state governments. States are reimbursed by the federal government for a certain portion of money spent on populations served. The reimbursement amount is dependent on the per capita income of the state. States above the national average per capita income receive a lower federal matching rate, while those states below receive a higher rate. Currently, Indiana is reimbursed for approximately 62% of money spent on Medicaid direct services. This reimbursement rate is standard for most Medicaid programs, however, the reimbursement rate does vary for some types of expenditures, such as administrative and computer systems development.

Indiana also receives what is called an "enhanced" reimbursement for the CHIP program, 73% federal with a 27% state match. This "enhanced" reimbursement is the result of the state's electing to provide service for a portion of the CHIP population which exceeds the base threshold for service set by the federal government.

The majority of the state's match money for Medicaid programs comes from the state General Fund. However, when the state receives an enhanced reimbursement for the CHIP program, the state match comes from revenue received from the Tobacco Master Settlement Agreement.

Discussion

While some of the programs funded or reimbursed by the federal government have changed little since human services were restructured in 1991, the underlying philosophy concerning some of the programs has changed greatly. The changes primarily occurred in the mid-1990s with welfare reform. Since

welfare and related child care programs are mainly administered in DFC, this division has undergone the most change since FSSA was formed in 1991. However, changes in best-practice effects all the divisions. As seen above, DMHA funds extensively through federal grants which may be short-lived and tend to follow best-practice trends.

Since many FSSA programs are federally mandated, the state's ability to tailor programs is somewhat limited. Most flexibility comes from states creating and administering programs which provide more optional services. Indiana has pursued waivers under the Medicaid program to provide more services at home or in the community.

The populations served by each division overlap to some degree. The Medicaid program overlaps all divisions by serving the economically disadvantaged of the state. Other divisions overlap in two ways:

- Programs may address the same population DMHA provides programs that target the homeless population while DFC also has programs for the homeless.
- 2. Individuals may qualify for programs within more than one division this occurs when an individual is dually diagnosed or when the individual or family has more than one problem to address.

It is the interconnectedness of these populations that provided an incentive to organize human services programs in a way which will reduce fragmentation and duplication.

Section 3. Existing Organizational Structure in Statute.

Reorganizing the human services agencies' structure to better deliver programs and services is on the agenda in many states. For example, it appears that both Massachusetts and Texas are moving toward a more centralized, single agency (State of Massachusetts website and Robison, June 20, 2004). In Massachusetts, the proposed consolidation would address communication and coordination issues. In Texas, recognition of fragmentation and duplication caused by multiple agencies handling human services led to the proposed consolidation.

Other types of reorganization being considered by states include Kentucky, where the governor, while maintaining its umbrella organizational structure, has combined two cabinets together, joining health and family services (state website). In Oregon, which is already considered highly consolidated, the legislature has consented to reorganize field offices and administrative functions, including computer systems, to improve service integration (Seller, 2002).

Underlying the current trend toward consolidation of human services agencies, "best practice" seems to be coordination of planning. According to the National Conference of State Legislatures, collaborative structures first emerged 15 years ago as informal bodies. In the last 15 years these bodies have increased and

become more formalized. As reported, these state collaborative bodies include umbrellas, coordinating councils, cabinets, and commissions (Robison, 2004). One of the apparent differences among these bodies is the ability of the collaborative body to impose its will on agencies it coordinates.

From the review of activity in other states and the minimal literature available on state organizational structures for human services agencies, there does not appear to be an ideal model for organizing state human services agencies. States seem to grapple with many of the same issues including integration of services, reduction of fragmentation and duplication, and improving communications. As state budgets become tighter, other issues that will be considered include cost savings, quality control, and paying only for programs that perform.

Indiana appears to have a head start on considering some of these issues. For example, the discussion on service integration began in 1990 with the recognition that similar services were being provided by separate agencies to many overlapping populations. Also, through consolidation, some administrative cost savings have been achieved. For example, if each entity of FSSA were separated or did not share centralized computer systems support, administrative costs for computer support would rise.

In this section, the origins of the organizational structure for human services programs are explored. The statutory organizational structure and the operating organizational structure are compared, and the differences uncovered are discussed in terms of strengthening the statute.

How Indiana's Structure Evolved

In 1990, the Legislature requested that LSA perform an evaluation of human services programs that resulted in a group of reports, referred to here as the LSA Reports. The LSA Reports were released in the summer of 1990 and the fall of 1991 detailing the population characteristics and program and service conditions for children with special needs, adults with disabilities, families in poverty, long-term care and the elderly, and individuals with mental health needs. In the first year, the reports were designed to provide background on state human services programs and to examine the organization of the programs for specific population groups. The reports studied improvements in local human services programs in the second year.

The original purpose of the LSA Reports was to improve the legislative decision-making process and, ultimately, state government operations by providing information about the performance of state agencies and programs through evaluation. Since the legislation creating the reorganized agency was enacted during the 1991 legislative session, the LSA Reports were not used for deliberations as originally intended, but rather set the stage by describing problems and issues in the existing system.

At approximately the same time as the reports were being prepared, the Governor's office issued a request for proposal to prepare a detailed plan for reorganization of Indiana's health and human services programs. Arthur

Andersen Consulting received the commission and, in November 1990, the Andersen Plan was released with details for the reorganization of existing departments, programs, and services into a single agency.

Although the Andersen Plan is widely thought to be the blueprint for the reorganization of human services, other plans and proposals were being considered. In fact, there were three bills introduced in the 1991 legislative session to reorganize health and human services agencies. A synopsis of the introduced bills follows:

HB 1918 - This bill would have maintained separate departments, but the existing entities would have been renamed and the entities' responsibilities would have been reorganized. Of special note, Medicaid administration would have transferred from the renamed State Department of Family and Children to the State Department of Health. This bill was assigned to the House Committee on Governmental Affairs.

HB 1846 - Under this reorganization plan, various existing agencies would have been consolidated into a single Department of Family and Social Services, headed by a commissioner. The State Board of Health would have been renamed the State Department of Health and also headed by a commissioner. After passing on third reading from the House of Representatives, this bill was assigned to the Senate Committee on Rules and Legislative Procedure.

SB 617 - This bill would have realigned the responsibilities of the existing departments that provided health and human services without renaming the departments. Under the bill, Medicaid administration would have been the responsibility of the State Board of Health. This bill underwent significant changes and was eventually enacted as P.L. 9 of 1991.

Enacted into Statute

P.L. 9 of 1991 created the Office of Secretary of Family and Social Services and realigned responsibilities among three departments that were renamed divisions. In the next legislative session, P.L. 2 of 1992 recodified the statutes concerning human services programs and consolidated the sections into Title 12 of the Indiana Code. A number of the sections that now make up Title 12 were not amended by P.L. 9 of 1991 except for changing the authority for the programs and responsibilities from departments to divisions. This section summarizes the current statutes concerning the position of secretary and of the division heads. It points out changes from the enabling statute. (A detailed review of the current statute and the changes since P.L. 9 of 1991 is available in Appendix I.)

Office of the Secretary

P.L. 9 of 1991 created a new position of Secretary of Family and Social Services, appointed by the Governor, to coordinate family and social service programs among the divisions. The assigned duties of the Secretary, through the offices, include:

- Coordinating technical assistance for the divisions with compilation of divisional budgets, and oversight of the fiscal, management, administrative, and program performance of the divisions.
- Accountability for resolving conflicts among divisions and coordinating the activities of the divisions with other entities including the General Assembly and other state agencies.
- 3. Communicating with the federal government and other states.
- 4. Developing and monitoring the central management information system and a centralized training program for orientation and cross-training.
- 5. Overseeing policy development and management of the state Medicaid program.
- 6. Liaison with other governments and private service providers.

The Secretary has the power, through the offices, to employ experts and consultants and to use state-owned facilities without reimbursement, accept funds in the name of the state, as well as voluntary or uncompensated services, and expend funds. Also, through the offices, the Secretary has the power to establish and implement policy and advise the Governor concerning division rules, create advisory bodies, and perform other acts necessary to implement the Act. The Secretary may adopt rules, with the consent of the Family and Social Services Committee, relating to the exercise of powers and duties in the Act. In cooperation with the Commissioner of the State Department of Health, the Secretary is accountable for formulating overall policy for family, health, and social services in Indiana.

Current statute indicates that the Secretary has administrative responsibility for the Office of the Secretary and may organize the Office to perform its duties. In P.L. 9 of 1991, the newly established Office of the Secretary included the Secretary; Office of Administration; Office of Information Technology; Office of Medicaid Policy and Planning; and the Office of Planning, Innovation, and Federal Relations. However, P.L. 253 of 1997 repealed the Offices of Administration; Information Technology; and Planning, Innovation, and Federal Relations. Under current law, only the Office of Medicaid Policy and Planning (OMPP) and the more recently established Office of the Children's Health Insurance Program (OCHIP) are specifically named.

OMPP, designated the single state agency for the administration of the Medicaid program, develops and coordinates Medicaid policy. The Secretary, however, is the ultimate authority for the state Medicaid program. OMPP develops written memoranda of understanding with the Division of Mental Health and Addiction (DMHA); the Division of Disability, Aging, and Rehabilitative Services (DDARS); and the Division of Family and Children (DFC) that provide for administration of programs, accountability, and auditing responsibilities, and allow for each of the divisions to advise on rules and standards. The memoranda of understanding also facilitate communication between the divisions and OMPP.

OCHIP designs and administers a system to provide health benefits coverage for children eligible for the program and establishes performance criteria and evaluation measures, monitors program performance, and adopts formulae for premiums. OCHIP administers the Children's Health Insurance Program Fund to pay expenses of the program and services offered through the program.

Divisions

Three divisions were enacted in P.L. 9 of 1991 and, although the division names have changed, there has been no change in the number of divisions specified in statute. The three divisions include the Division of Disability, Aging, and Rehabilitative Services; the Division of Family and Children; and the Division of Mental Health and Addiction. Under the divisions are bureaus, and programs are assigned in statute to the divisions and bureaus. The divisions, for the most part, were assigned programs that previously had been assigned to one of three departments without any change to the statutory program descriptions.

Division Directors

The division directors are appointed by the Secretary with the consent of the Governor, and the director is responsible to the Secretary for the operation and performance of the director's division. The directors are the appointing authority for their division and may make rules relating to the operations of their divisions or implementation of programs within their divisions. However, the director consults with the Secretary on issues of family, social services, or health policy. The director is responsible for divisional budget development and presentation.

In addition to these general duties, each division director has responsibilities designated in statute. Some of these duties are discussed below.

DDARS - The DDARS director has powers similar to the Secretary's, but only concerning the divison. These powers include employing experts and consultants to assist the division in carrying out its function; accepting funds and voluntary and uncompensated services in the name of the division; utilizing services and facilities of other state agencies without reimbursement; expending funds, establishing rules, and implementing policies and procedures for the division; and performing other acts necessary to carry out the functions of the division.

The director may enter into contracts for the disbursal of money for approved community mental retardation and other developmental disability centers. However, the director must submit the contract to the Attorney General for approval as to form and legality. The DDARS director has administrative control and responsibility for the Fort Wayne State Developmental Center, Muscatatuck State Developmental Center, and other state-owned and -operated developmental centers and, with the approval of the Governor, may appoint superintendents.

DFC - The DFC director must execute a bond and take and subscribe to an oath. The director appoints state investigators or boards of review to ensure fair hearing to applicants or recipients. The director adopts policies and rules for DFC and is responsible for the administrative and executive duties and

responsibilities of DFC. The director establishes salaries for officers and employees of DFC. The director establishes the minimum standards of assistance for old age and dependent child recipients. The director appoints personnel to efficiently perform the division's duties and bureau heads or other people who report directly to the director. The director prepares for the state budget director a budget of money necessary to operate division programs, and includes an estimate of all federal money that may be allocated to the state.

DMHA - The DMHA director organizes the division and, subject to approval, establishes qualifications and compensation for all deputy directors, assistant directors, bureau heads, and superintendents. The director studies the entire problem of mental health, mental illness, and addiction in Indiana. The director adopts rules for standards of operations for licensed private mental health institutions, licensing supervised group living facilities, certifying community residential programs and community mental health centers, and for establishing exclusive geographic primary service areas for community mental health centers.

In conjunction with an accredited college or university, the director institutes programs for the instruction of students of mental health and other related occupations. The director develops programs to educate the public and makes the facilities of the Larue D. Carter Memorial Hospital available for student instruction. The director establishes, supervises, and conducts community programs for the diagnosis, treatment, and prevention of psychiatric disorders. The director establishes, maintains, and reallocates long-term care service settings and state-operated, long-term care inpatient beds.

The director compiles information and statistics concerning program or service recipients and establishes standards for each element of the continuum of care for community mental health centers and managed care providers. The director adopts rules concerning the records and data to be maintained concerning individuals admitted to state institutions, community mental health centers, or managed care providers.

The director may enter into contracts for the disbursal of money and the provision of services. The director, deputy directors, DMHA bureau heads, and superintendents of state institutions may administer oaths, take depositions, and certify official acts.

Overview of Indiana's Organizational Structure

The organizational structure under which FSSA operates was depicted in an overview prepared for this evaluation by FSSA. The complete organizational chart is available in Appendix II. Below is a brief summary of the organizational chart with a comparison made between the chart and statute.

According to the FSSA organizational chart, the deputy secretary and the divisional and administrative directors report directly to the Secretary of Family and Social Services. Four of the directors oversee operational units including the Division of Family and Children; Mental Health and Addiction; Disability, Aging, and Rehabilitative Services; and the Office of Medicaid Policy and Planning.

These units are shown on the same line, indicating an equal amount of responsibility or suggesting that they are parallel in authority. Under the Indiana Code, the Office of Medicaid Policy and Planning is part of the Office of the Secretary of Family and Social Services while divisions are related to the Office of the Secretary through the responsibilities of the division director.

The administrative offices include a chief information officer; budget and finance; office of general counsel; human resources; and policy, planning, and communications. The director of audit reports to the deputy secretary.

Under the division directors are deputy directors who are in charge of bureaus. Regional managers also report to the DFC director. A number of the bureaus' names correspond to the statutory names of bureaus, but some of them do not correspond. According to FSSA, although the bureaus do not have the same names as are given in statute, the bureaus perform the same responsibilities.

Discussion

The overview of the agency prepared by FSSA indicates that the Andersen Plan is the basis of its structure, and testimony before the Health Finance Commission in 2003 also cites the Andersen Plan as the forming document.

While it is widely perceived that the Andersen Plan was the basis for the statutory reorganization of human services agencies, this does not appear to be the case. Instead, the statutory organizational structure seems to be a compromise among many proposals and ideas of how the state's human services agencies could be integrated for better service delivery. Since the structure is a compromise, there is no document to act as a guide to answer questions about the organizational structure. Just as any other part of the statute would be read, the only guidelines for the structure are the words on the page of the statute.

The importance of the Andersen Plan may have been in the implementation of the statute. The Andersen Plan would have created a single entity with divisions established along program lines, whereas the statute indicates that the directors are the ultimate authority for divisional and divisional program operations, but responsible for the performance of their division to the Secretary. Under the operating organizational structure, the divisions appear to be more subordinate to the Office of the Secretary, rather than the somewhat less direct controls established in statute. Other actions taken during implementation seem to indicate that the entity is more centralized than statute would have created including the use of the name 'Family and Social Services Administration'. This name appears only three times in the Human Services title in sections added to the Code in 1995, 1999, and 2000. None of these sections actually establish an administration.

Also important in understanding the relationship of these entities, the enabling statute created several offices within the Office of Secretary to perform certain functions for the divisions. The responsibilities of the Secretary are to be carried out through these offices. The functions of the offices in P.L. 9 of 1991 are as follows:

1. **Office of Administration** - financial management and procurement of supplies and services.

- 2. **Office of Information Technology Services** development of systems, production support, strategic and analytical system, and technical architecture.
- Office of Planning, Innovation, and Federal Relation developing and monitoring strategic planning and innovation, and management of the relationships with the federal government and political subdivisions.

The purpose of the Act which repealed the offices was to make technical corrections. It was not specifically making changes to FSSA.

In 1997, these offices were repealed. Although the offices were repealed, the Secretary's responsibilities through the offices was never amended. Since these offices were the vehicle through which the Secretary carried out responsibilities, the question is raised whether eliminating the offices removed these centralizing support services from the responsibilities of the Secretary.

These differences between operations and statute suggest that either operations or statute should be revisited to better reconcile the two. The reconciliation would benefit the position of both the Secretary and the directors. Based on interviews conducted for this evaluation, some secretaries find that they must spend time discussing their role rather than an issue of concern, because some people feel that they do not have a role in divisional programs. Also, directors reported that their role in relation to other heads of state departments is questioned. Organizational structures should create clear lines of authority for effective management.

While the discussion of the statutory organizational structure and the operating structure set the stage, this evaluation is concerned with whether operations are effective and what types of changes could be made to the organizational structure that would improve the agency's performance. These issues are explored in the next section.

Section 4. Evaluation of the Current Organizational Structure

In July 1995, pursuant to a legislative directive, Legislative Services Agency (LSA) released a report evaluating whether the goals for reorganization had been achieved. The 1995 report surveyed both the LSA Reports and the Andersen Plan to determine the goals of the reorganization, and found that the goals could be broadly restated as (1) improving the administration and management of human services and (2) improving the delivery of services. In its report, LSA reviewed a list of achievements provided by FSSA for the report. The achievements discussed in the LSA report were selected based on how well the achievement represented one of the two main goals. To evaluate each of the achievements, LSA surveyed several groups representing a sample of the consumers and providers of human services, state employees associated with FSSA, council members, and FSSA administrative personnel.

For the most part, the accomplishments identified by FSSA positively reflected on the reorganization of human services. Of the many accomplishments reviewed, the reorganization allowed the state to receive additional reimbursement of federal funds for Medicaid, begin implementation of the ICES and ISETS computer systems, and develop the Step Ahead Process. However,

the surveys and additional interviews indicated that the centralization of the agency may have gone beyond the level of efficient management to create a slow decision-making process. This concern was tied to the fact that the department commissioners in the previous organizational pattern reported to the Governor, while under the reorganized model, the directors reported to the Secretary, who in turn reported to the Governor.

This evaluation continues to seek answers about the effectiveness and efficiency of the organizational structure of the Office of the Secretary of Family and Social Services. In this section, several issues concerning the organizational structure raised by statute (IC 2-5-21) and LEOPS recommendations will be explored. The areas to be covered include:

- 1. Continuity of Leadership the extent to which the organizational structure supports the role of the secretary.
- 2. Management Efficiency the extent to which the organizational structure supports the work of the agency.
- 3. Interagency Communication the effect the organizational structure has had reducing fragmentation and duplication.
- 4. Fiscal Accountability the extent to which the organizational structure allows control of the agency's activities.
- 5. Budget an analysis of support and administrative staff and expenditures within Family and Social Services and the way that budgeting can be used to make FSSA better or less expensive.

Methodology

The 1995 LSA report can be found at http://www.in.gov/legislative/pdf/Fssaweb.pdf.

One prominent feature of the 1995 report is that most of the survey responders were able to contrast the reorganization of human services with the previous organizational structure. Today, such a study is not feasible, even though most of the same groups were surveyed in this report. Instead of making comparisons between two systems, respondents from Area Agencies on Aging, Community Action Programs, Children's Bureau, The Arc, community mental health centers, Step Ahead Councils, and assorted advocacy groups reacted to statements and questions derived from the benefits or goals for reorganization that had been identified by the LSA Reports and the Andersen Plan.

Over 200 surveys were sent out either by email or traditional mail. A significant number (103) of surveys were returned. In the total population of returned surveys, close to half were answered by Step Ahead Councils (44). Community mental health centers (17) were the next largest subset. (Survey results can be found in Appendix III.)

In addition to the LSA survey, interviews were conducted with former secretaries. The focus of these interviews was to examine the degree of continuity in leadership between tenures. From these interviews, information about other areas of operations was received, and this has been incorporated in the overall evaluation.

For both the survey respondents and the former secretaries, confidentiality was

promised. Throughout this section, opinions expressed are not attributed to a single individual because they represent a majority of the respondents or a theme common among the responses.

General population of states identified with a consolidated organizational structure in 1991

2002				
State	2000 Census (million)			
North Dakota	0.6			
Utah	2.2			
Iowa	2.9			
Oregon	3.4			
Wisconsin	5.4			
Washington	5.9			
North Carolina	8.0			
·	·			

Indiana's general population in the 2000 Census was 6.0 million

Another source of evaluation was comparison between Indiana and other states. Out of the seven states identified in the LSA Reports and Andersen Plan as having a consolidated organizational structure, Washington, Wisconsin, and North Carolina were selected based on their 2000 general population census. For additional comparisons, states with an umbrella organizational structure were also chosen, including Massachusetts, Kentucky, and Virginia. California was rejected from comparison due to the disproportional population size. During the course of research for this evaluation, it was noted that Massachusetts through its budget process is considering reorganizing from a cabinet organizational structure to a consolidated agency. Kentucky's governor consolidated its Cabinet for Health Services with its Cabinet for Families and Children, although this has not been approved by the Kentucky legislature and may be in some flux at this time.

State documents reviewed include the state single audit performed in accordance with federal Office of Management and Budget Circular Number A-133, which requires an annual audit of the financial statements and federal awards for nonfederal entities that expend more than \$500,000 per year in federal funds. The State Board of Accounts (SBOA) prepares this document including an attached Schedule of Findings and Questioned Costs. The document describes problems found with accounting practices including current year and unresolved prior listings. The report covers all state agencies, but most findings relate to Family and Social Services and the Department of Transportation, the two state agencies that receive the most federal funding. Also reviewed was a special SBOA report concerning Daybreak, Inc., and a conversation was held with the State Examiner concerning the internal audit process at FSSA.

The Family and Social Services Administration provided information about contracts entered into since FY 2000, including the contract amount and the first page of each contract. In addition, interviews were conducted with the division directors of DMHA, DDARS, and DFC; the Budget and Finance Director; the Chief Information Officer; the Director of Human Resources; and the Audit Director.

Continuity of Leadership

Since 1991, there have been nine secretaries leading Family and Social Services, which translates to an average length of service of about one and a half years, with the actual range between nine months and three years. Given this level of turnover, concern has been raised that there is not enough continuity between secretaries and, more importantly, that the organizational structure places too heavy a burden on the secretary position, which leads to high turnover in secretaries.

Continuity Issues

On average, the tenure of human services secretaries for Indiana, Washington State, North Carolina, Wisconsin, and Virginia varies between two years or less and four years. In Exhibit 2, which shows the frequency of tenure for these states, 61.0% of the secretaries remained in the position three years or less. In Indiana, seven of the eight secretaries who have completed terms have served three years or less. Indiana has the shortest average length of tenure of the states of all the states surveyed, but is on par with Virginia and Washington State in percentage of secretaries that have served three years or less.

Exhibit 2: Count of Secretaries' Length of Service

	Indiana	Cumulative (Percent)	North Carolina	Virginia	Washington	Wisconsin	Four State Cumulative (Percent)
Less than 1 year	1	12.5			8		19.5
1 year or more, less than 2 years	5	75.0	1	2	3	2	39.0
2 years or more, less than 3 years	1	87.5	1	2	5	1	61.0
3 years or more, less than 4 years	1	100.0	1	2	2	2	78.0
4 years or more, less than 5 years		100.0	2		1	1	87.8
More than 5 years		100.0	2			3	100.0

Turnover at the secretary level changes the direction for the agency as each new leader brings a different management style and set of priorities. A number of the former secretaries interviewed discussed this drawback to the turnover rate. According to these sources, the length of time required to set a new course for the agency is long in comparison to overall service length. They also noted that turnover at the top of the agency can result in feelings of uncertainty among members of the agency staff who do not know what will be expected from each new leader.

Average Length of Tenure by State:

State	Years
Indiana	1.6
Washington	1.7
North Carolina	4.3
Wisconsin	4.1
Virginia*	2.0

*Virginia provided information in years, while other states provided the number of months.

Most of the former secretaries interviewed for this report indicated that their own transition into the position was not difficult. A number of secretaries commented that their predecessors were good managers, which allowed the incoming secretary to feel confident in the staff. A number of former secretaries indicated that they communicated by phone several times with the previous secretary during the transition period. Additionally, a couple of the secretaries have remained at the agency in other capacities at the end of their term or have remained in contact with one another on a periodic basis. Based on the interviews, for the incoming secretary, the transition process appears to be fairly smooth.

However, the transition between secretaries may not be as smooth for the organization. In the organizational structure, the secretary is responsible for setting policy and long-term planning for human services. When the secretary changes within short periods of time, the planning horizon is also shortened. In each interview the former secretary was asked what the most important issues were during their tenure, and the results indicate that current issues confronting each secretary changed with the administration. For example, one secretary indicated working with the federal government on welfare was the primary issue, the next was state hospital closure, the next was long-term care, and so on. The point is that outside influences or personal interests may not allow secretaries to focus on the same issue from one administration to the next, and the resulting planning horizon for the organization is about one and a half years in length.

Organizational Structure Demand

In discussing the demands of the job of Secretary of Family and Social Services, many of the former secretaries indicated that the position requires dedicating significant amount of time to the agency. Several described the position as a 24-hour-a-day/seven-day-a-week job. The reasons most often discussed for leaving the position, however, did not include the amount of time dedicated to the position. Family considerations and self-imposed time limits in the position were among the most common reasons that secretaries left the position. Two of the former secretaries expressed some dissatisfaction with trying to effect change within the organization.

A number of people interviewed for this report compared the secretary position with that of a chief executive officer (CEO) of a public corporation. As a result, information about the average tenure for a CEO was sought for comparison. Although no comparison was made to corporations of comparable size (approximately \$6 billion in annual revenues), it appears that, in general, CEOs are serving shorter tenures than in prior years. The majority of CEOs in an international study had worked less than three years in their current position, and most corporations had hired a new CEO within the last five years (Leonard, 2000). On the other hand, it appears that CEOs in very large American corporations have spent most of their career with that corporation (at least 10 years) in positions leading up to the top leadership position (Todaro, 2003).

Arguments can be made about whether FSSA can be compared to a public corporation of equal size and whether a public corporation is an ideal model for a government agency. However, a couple of lessons may be learned from the

comparison to CEO tenure. First, the trend toward shorter CEO tenure may indicate that performance is becoming an increasingly important factor in leadership. Second, planning horizons for most organizations are shortening with the decrease in leadership tenure. Third, since CEOs serve in other capacities before taking the highest position in the organization, the importance of understanding the company operations and philosophy is underlined.

In the interviews with the former secretaries, two types of organizational knowledge were recommended. First, knowledge of working within state government was deemed important since the secretary is a liaison to other agencies and a coordinator among the divisions. Second, knowledge of FSSA's programs and services or a field of study related to human services was seen as desirable. In addition, the ability to press for a particular agenda with people who may not be receptive, and working with people from diverse backgrounds were also mentioned as among the most important characteristics for a secretary. Other traits mentioned included creativity and a willingness to get out into the community.

Discussion

With an average length of service of 1.6 years for its Secretary of Family and Social Services, Indiana does not have a long planning horizon for human services programs. However, when compared with other states, Indiana's average length of service for the position does not appear to be exceptionally short. There are examples of states where the secretaries served for much longer periods (i.e., 9 years), but the reasons for longer tenure are not apparent. To the extent that the two states with the lowest turnover rate have a consolidated form of organizational structure as does Indiana, the form of organizational structure does not appear to cause short tenure in this brief survey.

Across industries and around the world, it appears that leadership tenure is becoming shorter. As a result, planning horizons for organizations may become shorter as well. Adjustments to the changes will need to be made and may require more consistent guidance from lower management levels within the organization or from higher levels, such as the boards of directors for firms, or advisory councils or the legislature for governmental organizations.

Management Efficiency

Questions have been raised concerning whether FSSA is too complex an organization to manage. Generally when this question is raised, the amount of state resources appropriated to a single agency is discussed as one concern. Another aspect of this size question is the ability of the administration to control the quality of programs and services offered.

To explore these concerns, a comparison has been made with other states that have consolidated organizational structures. Certain questions from the LSA survey were examined to determine how the organizational structure appears to those associated with it. Finally, a review of divisional controls over programs is undertaken.

Comparison to Other States

One way to address this question is to compare Indiana with states that have similar organizational structure and general population. Two dimensions were reviewed for comparison: (1) the percentage of state budget appropriated to the human services agency and the percentage of total state personnel appropriated to the agency, and (2) the number of personnel managed. Exhibit 3 summarizes the results.

Exhibit 3: Resources in State Budgets Dedicated to Human Services

State	Period Reviewed	Total State Budget	State Personnel*	Number of Personnel
Indiana	FY 2003-05	29%		11,686
North Carolina	FY 2002-05	39%	15%	18,500
Washington	FY 2001-05	34%	18%	17,800
Wisconsin	FY 2003-05	26%	9%	6,176

^{*}Some states appropriate full-time equivalents (FTEs) in the budget process, referred to here as personnel. The percentage of personnel represents the appropriation for the division over the total state appropriation. Indiana does not appropriate FTEs, so this space is left blank.

The percentage of budget and personnel appropriated to an agency as a portion of the total state resources gives some idea of the importance of the agency based on the distribution of the state's total resources. However, there are problems making a direct comparison among the states because the programs within each agency may not be exactly the same, although the agencies conduct many of the same activities. Also, since federal funding is directed mainly to human services and transportation, the budget as a percentage of total state resources may be somewhat higher and the budget percentage for state funds may be lower than the importance actually placed on the programs. The number of personnel (i.e., the number of people who must be managed) is a measure of the complexity of the organization. Again, direct comparisons may be somewhat misleading because the amount of work contracted versus work performed by agency employees may vary among the states.

Despite these limitations on state-to-state comparison, certain generalities concerning the complexity of Indiana's organizational structure can be made. The comparison suggests that Indiana places about the same amount of importance on its human services as states with similar organizational structures and population. To the extent that some states have more personnel in their human services agencies than Indiana, it appears that FSSA is no more complex than other states, but may contract more work than other states. The amount of complexity created in the Indiana system by joining human services agencies into a single agency does not appear to be unique among the states that have a consolidated organizational structure.

Survey Results

Another measurement of whether FSSA is too complex to be effective was reflected in several questions on the LSA survey. From responses to questions about the secretary position and the organizational structure, it appears that the majority of the people surveyed would not change the role of the secretary position (33%), although there was split opinion on whether the current formation of FSSA provides programs and services effectively and efficiently (27% somewhat agree and 24% somewhat disagree). From the comments received corresponding to these questions and others in the survey, the main concern seems to be the communications between divisions offering programs and services. In fact, a majority of respondents (55%) thought that programs and services offered by FSSA would improve if the divisions were more closely aligned, suggesting that respondents were seeking stronger interagency linkage.

One issue highlighted by responses to the LSA survey is staff turnover. Staff turnover is cited both as a source of poor communication between the divisions and for inconsistency in the responses to questions and problems. A review of information provided by FSSA shows a 5.0% decrease in the number of employees (net of those on leave) between January 1, 2001, and January 1, 2004. On average between 2001 and 2004, 10.8% of FSSA employees had retired or terminated state employment, and 9.5% of the workforce was newly hired.

In December 2002, an early retirement incentive package was offered for qualified state employees applying between November 2002 and February 2003. The retirements from FSSA in 2003 were about four times as many as the average for the previous two years and about 16 times greater than the number of retirements in 2004. Inverse to retirements, the number of other terminations decreased between 2001 and 2003. The number of other terminations decreased significantly in 2004, going from over 1,000 a year to just under 380. Based on the increase in retirements and decreases in other terminations, high staff turnover at FSSA may be unrelated to management complexity, but may rather be the result of retirement incentives. However, additional study of the reasons for terminations and retirements may address other concerns identified by the LSA survey respondents, including low pay and need for additional staff.

Systems of Program Control

Management responsibility that is too complex can result in the activities of the organization operating outside the established norms. A review of the systems used in each division to ensure control over the unit's activities was undertaken. Program control looks at the ways that divisions ensure quality of services and oversee dispersed operations. (Contracting and audit will be discussed in a later section on fiscal accountability.)

Each division has certain statutory and federal funding obligations to review service providers or licensed entities. For DDARS and DMHA most functions are contracted through private vendors (DMHA has only 49 state employees), and the performance of the private vendor is reviewed on a periodic basis. DDARS reports that in addition to its Bureau of Quality Improvement Services, the division contracts with the Department of Health for inspections of group homes

and nursing homes due to the efficiencies that can be gained by using inspectors who are trained in certain types of inspection or who have certain expertise. DMHA reports that using performance measures in contracting is a new method of controlling service quality and improving accountability. By having key measures for treatments and services and collecting the data from performance, better decisions can be made to provide programs that help people to become independent.

DFC has a different type of control responsibility with county offices. All county DFC office staff are state employees and must follow the DFC policy manual for county office employees. However, the county council or judges may direct the work of DFC county office employees. The former because the counties provide a large portion of the nonpersonnel operating costs of the local agencies, and the latter based on state statute that allows the courts to direct the county director or the county director's assistants to perform the function of a probation officer or agent of the court in welfare matters before the court.

To oversee this function, a computer system known as the Indiana Child Welfare Information System (ICWIS) links with all child welfare agencies in the state, including the Indiana Client Eligibility System (ICES), the Indiana Support Enforcement Tracking System (ISETS), courts, and police and law enforcement agencies. ICWIS was developed by the state using about 75% federal funds. The federal government audits this system on an annual basis. Additionally, about a third of the county offices are audited each year according to the DFC director. (According to an overview of the agency prepared by FSSA for this evaluation, all offices are reviewed every two years which would indicate that half the offices are reviewed each year.) Teams made up of county employees from adjacent counties and central office specialists perform the county office audits.

Program Interactions

In order to better understand the interagency relationships that support Indiana's human services programs, a program inventory was created to accompany this evaluation. One piece of the inventory, a directory of interagency connections, was assembled by asking the FSSA staff knowledgeable in programs to identify other agencies involved in each program the division provides, the type of interaction that occurs, and the frequency of the interaction (see Appendix IV).

A preliminary review of the data shows that there is a great deal of interaction between the divisions (including OMPP as a division) and the Office of the Secretary. As seen in Exhibit 4, the Office of the Secretary was noted especially for providing administrative support to the division programs. Administrative support is described as another agency providing payroll, accounting, or other support for the program. Also, among the most frequent interactions noted between the Office of the Secretary and the divisions are data sharing, or information derived from the program being shared with another agency, and technical support, where assessment, program knowledge base, clinical expertise, or specialized expertise are provided by another agency.

Exhibit 4. Interactions between the Office of the Secretary and Divisions by Type of Interaction

Type of Interaction	<u>DFC</u>	DDARS	<u>DMHA</u>	<u>OMPP</u>	<u>Total</u>
Collocated	11	13	1	6	31
Program Design	4	13	0	13	30
Implementation	4	12	0	9	25
Data Sharing	10	13	3	24	50
Share Federal Funding	2	11	0	9	22
Technical Support	6	18	4	23	51
Administrative Support	11	23	16	18	68
No Interaction	3	8	2	0	13
No. of Programs Reported	23	35	24	21	103

The minority of programs identified no interaction with the Office of the Secretary. Grouped by division, most programs have multiple interactions with the Office of the Secretary. However, for the majority of DMHA programs, a single interaction with the Office of the Secretary for administrative support prevails. Whether these differences are based on reporting differences among the staff who completed the worksheets or program differences can only be known through an extensive interviewing process that has yet to be completed.

In contrast to interactions with the Office of the Secretary, more programs identified no interactions with the other divisions of FSSA, but these noninteracting programs were still in the minority. When programs are reviewed by division, DFC and DMHA programs identify the fewest interactions per program with other divisions. For DFC, the most common interaction is data sharing; and for DMHA, program design, or another agency assisting in the planning and design of the program, is most common.

OMPP has the most interactions with other divisions per program, and while these interactions are fairly evenly spread among the types of interactions identified, the majority have to do with data sharing. The amount of interaction that OMPP has with the divisions is not surprising based on the types of programs offered by OMPP and statutory requirements for memoranda of understanding between OMPP and the divisions. The majority of interactions per program occur between OMPP and DFC. This is followed by DMHA and then by DDARS.

While these results are a first look at this information and more refinements are needed to identify the exact nature of these interactions, the results have important implications for the management complexity of FSSA. Understanding

these interactions is important to the way in which the divisions and the Office of Secretary are formed in statute and through other types of agreements, such as memoranda of understanding. There are no conclusions to be reached from these first results, but further discussion with the people who provided the information will result in a picture of the collaboration that takes place among the divisions.

Discussion

Due to the complex nature of the problems being addressed by human services, a number of agencies - state, local, and nongovernmental - must interact to provide comprehensive programs and services. To the extent that agencies have to interconnect to provide programs and services, one problem is finding a way to link program resources without creating too much management complexity. Linkages are made ranging from formal, legal structures to informal, limited agreements. Some examples include:

- 1. Statutory changes that create organizational units to bring the partners together in a formal structure.
- 2. Memorandums of understanding that provide legal obligations to the participants, but may be shorter in duration than a statute change.
- 3. Informal arrangements that do not have long-term durability or formal structure.

It appears that no matter how linkages are made currently, new programs, sources of funding, or practice changes may require the connections to be reconstructed in the future. For example, DMHA is now linking with the Criminal Justice Institute on prevention and education programs, and DDARS interacts with the Department of Education to plan for the transfer of students graduating from DOE programs.

The human services reorganization did not combine all of the agencies that are involved in the provision of human services programs and services. For the most part, agencies other than those incorporated through the reorganization are connected through more informal arrangements. On the one hand, more informal arrangements can expedite interagency relations and allow for creative solutions as problems arise. On the other hand, the more informal the relationship, the more the relationship relies on leaders from each agency.

By studying the interactions provided by the program inventory, the ways in which agencies need to be linked to support programs can be determined. Once these connections are recognized, the degree to which formal relationships or informal relationships are needed can be analyzed and integrated into the infrastructure that underlies these programs.

Interagency Communication

Interagency communication is a key factor in reducing fragmentation and duplication among the various programs provided by the divisions. One of the ways that interagency communication is expressed is through service integration, or the seemingly smooth service continuum for clients of the human

services. Service integration was one of the goals discussed during the reorganization in 1991, and most of the literature concerned with program improvement recommends improving service integration. But this same body of literature provides evidence that achieving service integration is elusive for many organizations because of barriers that may be external to the organization or because of barriers to communication erected within the organization.

In earlier studies, service integration is characterized as a single entry point and collocation of services. More recently, joint case planning, comprehensive family assessment, and a sense of partnership are added to the list of characteristics of service integration (Hutson, 2004). These more recent additions require coordination among the various state and local resources and require good channels of communication to foster an environment where agency staff is willing to work together.

A Review Based on Literature

In order to define where Indiana's human services programs are located along a continuum of service integration, the characteristics of service integration are compared to the agency performance.

Comprehensive Family Assessment and Joint Case Planning

Support for case management for an individual was among the aims of the 1991 reorganization. To provide for case management, additional authority was given to county DFC office heads, and caseworker duties were reassigned to provide more focus on the (individual) client. At the time that human services were reorganized, the concept of planning for the total family need was not present in the literature. Rather, this facet of service integration appears to have grown as the result of concepts embodied in the welfare reforms of the mid-1990s.

Both comprehensive family assessment and joint case planning place the family at the center of human services. In comprehensive family assessment, an appropriate service plan is designed by screening all family members with the goal of identifying problems early and connecting with services quickly. Then, a primary family caseworker and an interdisciplinary team prepare joint plans for the family. By coordinating services among family members, services will not conflict as family problems are addressed.

DMHA has been working on a program that will address both comprehensive family assessment and joint case planning. The program, called "systems of care teams", has been funded in 11 counties to provide comprehensive family assessment. The systems of care approach places children and families in the center and surrounds them with resources to form a treatment plan. In contrast to traditional case management, this approach considers all of the needs by having a specialist in each area assess the clients. The Indiana program has been recognized by a Presidential commission studying mental health practices and will be featured in several seminars this year.

Single Point of Entry and Collocation

A single point of entry suggests that a person applying for services would only have to make one contact with any human services agency in the system to qualify for a range of services. In the LSA Reports and the Andersen Plan, one of the reasons for restructuring human services programs into a more unified unit was to facilitate a single point of entry to the Indiana human services system. Like the single point of entry, collocation implies that services will be accessible in a single location. In the literature, examples are cited of nongovernmental agencies collocating with governmental agencies for a one-stop approach.

To the extent that a number of programs can be reached from contact with the DFC county offices, FSSA seems to working toward a single-point-of-entry approach. For example, Temporary Assistance for Needy Families, Food Stamps, Medicaid, IMPACT, Residential Care Assistance Program, Adoption Services, Nonrecurring Adoption Expenses Program, Child Development, CHIP and Hoosier Healthwise, Child Protective Services, Foster Care, and the Chafee Foster Care Independence Program can all be accessed through contact with DFC county offices. However, there is an equally long list of programs that must be reached through separate agencies or divisions. Some examples include mental health services which are accessed through managed care providers, developmental disability services accessed through local Bureaus of Developmental Disabilities Services Offices, and Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) program accessed through Area Agencies on Aging.

FSSA set a goal for 18 collocated service offices in FY 1998 and 25 in FY 1999, but additional information for this operating measure was not available. In interviews with the division directors, issues concerning collocation were discussed. Some services and local area offices are collocated, or, in some cases, services are located near one another. However, since the literature generally focuses on only one dimension of the range of services overseen by FSSA, such as welfare or mental health or disability, the advantages to colocation may be overstated. First, the populations being served by the FSSA divisions are to some extent diverse and, in some ways, may not want to or benefit from being associated with one another. Second, the number of services provided by contracted providers was identified as a barrier to collocation because these providers, in many cases, already have their own facilities and cannot easily move. Third, particularly in rural areas, co-location may not be ideal, since transportation issues may be harder to overcome. In this case, locating services near the users of services may be preferred over collocating programs.

Sense of Partnership

Developing a sense of partnership results from cross-training to foster a broadbased knowledge of available services. With a broader view of the available services, staff have fewer protectionist feelings toward programs within their area, which should reduce fragmentation of programs. Washington State created a program called "No Wrong Doors" to coordinate services for children and families accessing more than one service from their Department of Social and Health Services. One key ingredient to creating the "No Wrong Doors" approach to service intake is cross-training. (State of Washington) Cross-training was also recognized in the 1991 reorganization as an important key to achieving service integration with the responsibility for cross-training established in the Office of the Secretary.

FSSA prepared some examples of cross-training programs that are conducted by FSSA or regularly offered to employees. According to FSSA the examples provided are not exhaustive of the cross-training that is available. Examples of cross-training between agencies that support the intake process were provided by FSSA. These programs include:

- Staff from DDARS spent some time with DMHA staff regarding the Room and Board Assistance (RBA) program discussing how the program impacts persons with mental illness.
- DFC caseworkers are trained in mental health assessment techniques.
 In this program, when a caseworker has to remove a child from a home, the child can be assessed to determine if mental health services might be appropriate. A child found to need mental health services would be directed to the mental health programs for further evaluation and placement.
- Staff from DMHA Children's Services work closely with the Division of Families and Children Step Ahead program and the Inter-agency Coordinating Council for Infants and Toddlers to ensure that staff of those programs are regularly updated regarding DMHA activities. Staff also contributes to a monthly column in the Head Start newsletter.

Other examples were provided that involve cross-training with external agencies including:

- The Governor's Commission on Home- and Community-Based Services and the Mental Health, Addiction, and Criminal Justice Consortium provide opportunities for persons representing various segments of the system to learn about areas outside their regular work environment.
- The Systems of Care Technical Assistance Center (funded by DMHA) provides ongoing training to Division of Families and Children offices, the Department of Education, the juvenile courts, and other non-FSSA entities regarding Systems of Care strategies, philosophies, etc.

Although the listing of cross-training opportunities provided by FSSA is not exhaustive, the opportunities to learn about other programs and break down communication barriers between programs do not appear to be abundant. It also appears that programs are arranged among the divisions rather than planned by the Office of the Secretary.

Communication Evaluation

In order to get a sense of how well FSSA communicates with outside entities, several questions on the LSA survey were addressed to responses from the state agency. The results indicate that most respondents found information and answers about programs and services accessible. For example, 69% of the respondents agreed or somewhat agreed that there is sufficient access to information about programs and services, 81% agreed or somewhat agreed that information provided by FSSA was useful in daily work, and 55% agreed or somewhat agreed that problems with programs and services get resolved. However, elsewhere in the survey, respondents indicated that communication between divisions was lacking or that greater collaboration between divisions was needed to improve programs or access to programs.

One LSA survey question concerning dually diagnosed and multi-problem clients sheds more light on interagency communications at FSSA. The majority of respondents found that multi-problem or dually diagnosed clients do not receive programs and services to address most of their needs (53%). Of the respondents who said that these clients do not receive programs and services to address most of the their needs, a majority agreed that access would be improved if the divisions of FSSA had better interagency communications (54%). The comments suggest that, in particular, strengthening links between DMHA and DDARS to serve dually diagnosed clients would improve the provision of services. However, some respondents (and others interviewed for this report) point out that some of the difficulties in serving dually diagnosed are beyond the control of FSSA.

According to the literature, there are four types of barriers to service integration including legal issues, information systems, performance indicators, and managerial and administrative issues (Hutson, 2004). The first two barriers are tied to the federal sourcing of funds for human services programs. For example, the federal government pays for a large portion of the cost of developing computer systems associated with human services programs. But the computer systems must meet the federal requirements or the agency will face the consequence that not only will the computer development funding be lost, but the federal funding for the underlying program may be cut as a result of not having the computer program. Also, when asked about computer systems at FSSA, LSA survey respondents indicated that transferring records between regions or agencies may violate client confidentiality rules primarily set at the federal level. The confidentiality issue is even greater when considering mental health or disability records which are part of a patient record and subject to the recently enacted HIPAA regulations.

While these legal and information system barriers may hinder communications among the divisions, the source of these barriers is beyond the organizational structure of family and social services, but addressing these external barriers is within the liaison responsibilities of the Secretary.

Although some communication barriers are beyond the state organizational structure, a barrier to communication discussed in the comments of another LSA survey question is affected by the state organizational structure. Comments associated with a survey question concerning contacting more than one division

for answers to questions for programs administered by more than one division indicate that one communication problem within FSSA is "buck passing".

One reason that staff at FSSA may appear to pass questions or problems to others is the staff turnover rate discussed above. However, other control issues may limit the scope of questions that can be answered at a particular level of staff or may restrict answering questions to certain layers within the organization. These internal management issues, the deployment of staff and the training provided at each level, need to be addressed by the FSSA management.

Discussion

As noted above, most respondents to the LSA survey felt that programs and services offered by FSSA would improve if the divisions were more closely aligned (55%). The comments speak to a perceived lack of communication between the divisions, however. The thrust of these comments is that communication between the divisions is lacking or needs improvement. The perception that there is poor communication among the divisions raises questions about the barriers that still exist to interagency communication.

To the extent that communication barriers are the result of federal rules and regulations, or for that matter, the result of policies within state statute, statute provides that the Secretary is liaison to other units of government. In this capacity, the Secretary should work to identify and break down barriers that inhibit the best possible service delivery for clients of state human services. Equally, within the present responsibilities of Office of the Secretary of Family and Social Services, the Secretary has the ability to address interagency communication issues through cross-training and by coordination of activities among the divisions.

Fiscal Accountability

Since fiscal accountability is one of the most important aspects of controlling a large agency, the controls for fiscal responsibilities are reviewed. Contracting is one of the largest expenditures of FSSA, but not all contracts are the same. In some cases, FSSA is purchasing services such as computer technology or program management. In other cases, the contract is for services to be provided to a third party, such as counseling or assessment or the medical services of Medicaid provided to a third party consumer. Finally, some contracts are the result of statutory requirements to use other entities for certain services. For example, by statute county attorneys are contracted to provide child protection services. The contract process at FSSA has been the subject of recent allegations including use of false contract numbers for improper payments and improper billing by vendors.

These issues of improper costs are also examined through review of the FSSA audit system. The audit function at FSSA is responsible for post-performance review of contracts and programs. While the audit unit has uncovered some of the problems discussed above, the unit is undergoing transformation and may need additional resources.

Contracting

According to FSSA, most contracts are prepared using standard language known as boilerplate language. Each contract is initiated by a requestor within the program that the contract services. If boilerplate language cannot be used, the FSSA legal department will become involved in writing the specific clauses needed. The finance division pays contracts, the audit department reviews the contract expenditures in terms of programs, and the budget division is involved to the extent that the contract must be contained within the appropriations to FSSA. FSSA had at one time used a computer system called Legacy to track contracts, but this system was not Y2K compliant and the system was not capable of processing all the payments. As a result FSSA upgraded to a new Contract Management System (CMS) to pay all claims against contracts.

In response to recent allegations that a program manager arranged payments to vendors who were not yet awarded contracts, two changes to the payment system were made. All contracts are now recorded and paid through the CMS system, and all claims require two signatures from the program level.

For calendar years 2000 and 2001, FSSA initiated contracts with a total value of \$563.3 million and \$381.3 million, respectively. In some cases the contract may last more than one year, so that the total amount of active contracts each year is not captured in these amounts. A review of contracts found that most contracts (62%) are let for a one-year period. When contracts are reviewed based on the dollar value of contract, there is more variation in the average length of contracts. Considering the contract value, the percentage of contracts being let for one year drops to 23%.

The average contract value for calendar years 2000 and 2001 is \$5.5 million with a wide range of values between \$0 and \$183 million. When contracts are sorted by program, during calendar years 2000 and 2001, the larger contracted amounts are for Medicaid Administration, Child Care Development Fund Child Care, Healthy Families Indiana, and for incentives to move nursing home residents to community care. Detailed contract information provided by FSSA can be found in Appendix V.

A number of the contracts entered into by FSSA are \$0 contracts. In most cases, these contracts provide a set price that will be paid for services from a vendor, but do not limit the amount of services that will be purchased. When there is a limit to the contract, the maximum amount is reflected in the contract value. A \$0 contract has no maximum amount. For example, a \$0 contract may be used with a vendor providing substance abuse assessment. The price for each evaluation is set, but the vendor may see any number of clients.

Referring to the comparison among states in Exhibit 3, states may replace state employee positions with contracts for services. There are certain advantages to using employees or contracting depending on the services involved and the size of the project. For example, when computer technology workers were in high demand, contracting for services became more attractive because the retention rate for these employees was low, increasing costs for recruitment and training. As the market for computer technology workers has slowed, FSSA is converting contracted services to employee positions. This shift in resources indicates the

costs of employing and maintaining employees has become attractive in relation to contracting.

The complexity of managing employees versus contracts can also be contrasted. To the extent that an organization does not have to recruit and maintain staff (i.e., benefits costs), contracting may be an attractive alternative. In hard-to-fill positions or areas, contracting may offer better coverage. However, contract surveillance can be costly. The surveillance needs to be well designed to reduce management time dedicated to the project. Additionally, planning is important to ensure that quality is maintained and to secure assets.

Audit

According to the Government Accounting Office, internal control is a major component of organizational management. Not only is internal control used to safeguard the assets of the organization, but internal control reviews can benefit performance measurement. The five standards for internal control promoted by the Government Accounting Office include:

- Control Environment an environment with a positive attitude toward internal control.
- Risk Assessment assessment should consider risk factors inside and outside of the organization.
- Control Activities control activities should be effective and efficient in carrying out the organization's goals.
- Information and Communications information should be written and provided in a timely manner.
- Monitoring review should assess the quality of performance. (GAO, 1999)

Within an organization, the internal audit unit provides an objective review of the performance and controls. Generally, the information from an internal audit is used for performance improvement, but may become the basis of an investigation or report. While some types of internal control may take place in real time, internal audit generally occurs after activities have taken place. Also, to safeguard the independence of the audit unit, the internal audit director in a publicly held corporation will usually report to the board of directors and not the president or other officer of the corporation.

The internal audit function within FSSA is a postperformance review of the programs within the agency. After concerns raised in SBOA audits, the internal audit director reports to the deputy secretary. The internal audit director, however, is not included at the policy level of organization. Until September 2003, there were two sections to the audit division: (1) Internal Audit, which considered compliance with federal programs, program performance, and control and (2) Compliance, which reviewed grantees for proper billing and assuring that proper services were delivered. The Internal Audit unit had six employees and one supervisor, and the Compliance unit had nine auditors and one supervisor.

The results of this major review will not be available in time for this report. The FSSA Audit Director will discuss the results with the evaluation committee reviewing this report, if requested.

In September 2003, all 15 employees and 2 supervisors were merged into a single unit for the purpose of preparing an account number overview of the agency. The group has been working to identify cash, eligibility, claims, personnel, and contract procedures as well as the control environment for each major area of the agency. This risk assessment will be completed by June 30, 2004, and should form a basis for further audit and detailed review. Additionally, the unit has joined forces with the Department of Revenue through a memorandum of understanding to use technology that will look for anomalies in claims payments for further investigation.

It appears that the changes made in internal audit services resulted from SBOA audits of FSSA (SBOA, February 28, 2003). In its audits, SBOA found that the internal audit group did not have clear authority and that audit services were not utilized consistently across division lines. SBOA indicates, in fact, that the primary purpose of audit services appeared to be monitoring DFC county offices and contract compliance. Further, SBOA found that the audit services section was not utilized consistently in decision-making processes such as contract needs, subrecipient requirements, and subrecipient monitoring.

A review of the staffing tables indicates that although there are 15 positions within the unit, staffing has been below this level with 5 positions frozen. The entry-level pay for new auditors is about \$26,000, while the market rate for entry-level accountants is approximately \$43,000 according to the Audit Director. The unit has been evolving over the last six years to provide more effective services, moving from the introduction of computers to the current account-level evaluation. Turnover within the unit may be related to the restructuring that has taken place or the lower-than-average wages.

Audits conducted by the unit may be released separately, or the SBOA may be advised of the issues and choose to investigate. Each year the SBOA conducts an audit of the agency as part of the statewide single audit, but usually pursues issues separate from the reports issued by the audit unit. In some cases, the SBOA may not choose to proceed on an issue raised by the audit unit because the problem has been resolved as a result of the internal findings.

Other Controls

In addition to the agency-wide audit unit, there are other types of controls used or being developed. Within the divisions, there is a fiscal position to review expenditures in light of appropriations and to provide fiscal knowledge. Also, a new (or recently reestablished) control is the use of the teams assembled by the Director of Finance and Budget at the account level to provide wrap-around services for each program. The team consists of persons from the finance, communication, and legal departments, and from the program itself to oversee problem areas. Ongoing quality assurance programs are used to review programs and assess client and partner satisfaction with FSSA performance. Monitors who provide real-time oversight are used by DFC to review the Child Care Development Fund.

However, according to a SBOA audit report of FSSA (SBOA, February 28, 2003), FSSA as a whole lacked definition of what subjects and types of programs should be monitored and does not have requirements that go further than

minimum federal requirements. Further, the SBOA noted that subrecipient monitoring is disorganized and at times nonexistent resulting in an inability to perform a comprehensive risk assessment for subrecipient monitoring. The response to this finding is the account number review discussed above. According to this response, the first phase of the review will assess control risk and evaluate the control environment, and the second phase will prioritize the subrecipient audit based on the risk assessment of the first phase.

Findings from the State Board of Accounts

In addition to a separate audit of FSSA, and as required by the federal Office of Management and Budget (OMB), SBOA conducts an independent audit of the state of Indiana as a single unit. In accordance with the OMB guidelines, known as Circular A-133, annual audits are conducted of organizations that receive more than \$500,000 in federal funds. The audits review financial statements for fair presentation of the financial condition of the entity and test internal controls based on risk analysis.

In 2000 and 2001, there was one finding a year for the Indiana Department of Transportation, and in 2003, there were no findings for the Department of Workforce Development.

The 2000, 2001, 2002, and 2003 Circular A-133 audits for the State of Indiana were reviewed for this evaluation. In almost every year, FSSA, the Department of Workforce Development, and the Indiana Department of Education had findings, but FSSA had the most findings of all state agencies. (Note: This review is related to receipt of federal funds, so certain agencies that do not receive federal funds would be excluded and agencies that receive a higher share of federal funds would have higher risk.)

The types of findings for FSSA range from the lack of written procedures to insufficient or no review of audits submitted by vendors to cases of fraud. Findings about the Medicaid or Medicaid/CHIPS program represent about 40% of the findings, on average over the three years. Most of the problems identified concern insufficient audits and edits within the claims payment system to identify duplicate billing, excessive payments, or invalid billing. Some reconciling errors have been noted as well. Three cases of fraud or illegal activity are discussed in the Circular A-133 audits with two of these cases first being identified by FSSA internal audit.

In the 2003 Circular A-133 audit, several findings concern monitoring of contracted service providers. The audit found that FSSA lacked adequate procedures to monitor contracted work concerning the Division of Family and Children Cost Allocation Plan, that FSSA did not monitor the audit risk determination or audit schedule of the firm contracted for long-term care facility audits, and that FSSA did not monitor its contractor to verify that all cost reports are received and all cost reports are reviewed for the State Children's Health Insurance Program and Medical Assistance Program. Also, in 2003, a high percentage of the findings concern the Child Care Development Fund. These findings range from adequacy of documentation to exceptions being made for unlicensed child care facilities.

In the annual audit, the agency responds to the findings and may provide a corrective action plan or in some cases dispute the finding. If the finding continues to be a problem, the SBOA will report again on the finding in the next annual audit. In 2002, there were 17 prior findings continued. These findings

mostly concern programs in DFC or OMPP, but the other divisions are included as well. In most cases, there is ongoing work to improve the conditions and, in some cases, the improvement process will not be completed until after the period covered by the audit.

An Example of Internal Audit in Action

One example of how the internal audit process works at FSSA concerns the Child Care Development Fund (CCDF). (SBOA, Special Report) In this case, the internal audit unit of FSSA found problems with the administrative reimbursement billed by and the claims processing of the state's largest child care intake and payment vendor. The internal audit department began its review of the CCDF contract in the fall of 1999 for the period May 1, 1997, to September 30, 1998. The final report from the FSSA internal audit unit was issued on March 9, 2001.

State Board of Accounts began its own audit and prepared a special audit report released in the fall of 2001 and included findings in the single state audit for 2001. As a result of the SBOA audit, DFC, the responsible division, has made many changes in the CCDF program including developing a centralized reimbursement office and established monitors for real-time review of the program. In addition to correcting the weakness uncovered, the centralized reimbursement office allows for a new swipe-card system to collect attendance information and provide payment.

In the status report on the prior finding in the 2003 audit, it appears that FSSA submitted revised financial reports for FY 1997 to FY 2000 to the federal government and requested issuance of a negative grant. In addition, FSSA submitted a warrant for disallowed costs related to the FY 1997 time period. According to the audit document, FSSA is still pursuing legal action against Daybreak. With these actions, FSSA believes that the finding is closed.

Discussion

A majority of respondents (52%) to the LSA survey did not find that FSSA has a sufficient system or method to report minor problems such as duplication or inefficiency, and several respondents commented that they felt this type of report would not receive much attention from FSSA. When the question was addressed to reporting serious problems or illegal activity such as theft, skimming, or bribery, the response was divided between those who felt there was a sufficient system and those who did not, and a number of respondents (26%) left the question blank.

According to the Association of Certified Fraud Examiners, fraudulent schemes tend to last 18 months before being detected and most fraud is detected by a tip. The report found that organizations with fraud hotlines cut losses by about 50% per scheme and that internal audit can reduce fraud by 35% (Association of Fraud Examiners, 2002). Based on this information, assuming that fraud reduction is a goal, strengthening internal audit with adequate resources for the internal audit division and the development of tip systems with widespread advertisement could reduce fraud and improve efficiency at FSSA.

However, the level of fraud detection must be contrasted with the cost of detection services. The FSSA annual appropriation is about \$6 billion. In the incident involving CCDF, the amount of money involved was about \$6 million, or about 0.1% of the agency budget. In the case involving contracting in Workforce Development, the amount involved was reported as \$150,000, or about 0.003% of the FSSA budget. Detection costs can exceed amounts recovered, and resources expended on detection may reduce funds available for human services programs. A balance must be established, and the Legislature could be instrumental in determining the level of acceptable risk.

Budget

As the largest of the state agencies, an analysis of the FSSA budget is important to understanding how programs are funded and how the divisions compare. Additionally, budgeting can be used as a tool to identify ways to improve performance by funding programs that are proven to work and can identify ways that the agency can more efficiently utilize resources.

Budget Overview

Based on revenues from all funding sources in the FSSA FY 2004-05 biennial appropriations, 63.9% of funding comes from the federal government and 0.3% comes from local units. This leaves about 34.4% paid from state General Fund or dedicated fund sources. The federal government pays for 58.7% of all FSSA administrative expenses and 68.1% of program and service costs. All FSSA administration receives 41.3% of its funding from state General Fund or dedicated funds.

The programs and services receiving the highest percentage of funding from the federal government include Family Support Services (TANF), Family Developmental Services, Family Preservation/Adoption, and DMHA Prevention Services.

State institutions also received a split of state and federal funding with the federal portion coming through the Mental Health Fund, a dedicated state funding source. The split between state and federal funding for institutions is different for institutions operated by DDARS and those operated by DMHA. For the DDARS-operated facilities, the funding source split is 55.3% state and 44.7% federal, while the split for DMHA-operated facilities is 86.4% state and 13.6% federal.

Between FY 2000 and FY 2003, expenditures for FSSA increased 24.9%. Administrative expenditures overall increased 26.9% with the largest increases in DMHA and DDARS administrative costs. Total operation expenditures increased 24.7%, with programs and services increasing 25.7% and state-operated facilities increasing 7.3%.

From July 2001 to July 2003, the number of positions decreased by 7.4%. The decrease came from state-operated facilities (-13.7%) and from Division of Families and Children county offices (-4.1%). In the same time period, positions in the FSSA central office including the divisions, increased by 3.2%.

A Way Budgeting Can Make FSSA Better or Less Expensive

Performance-based management is also known as managing for results and performancebased decision-making. In recent years, performance-based measurement has become a tool which states have used to improve the quality and efficiency of the services they provided. According to a National Conference of State Legislatures report, 33 states have enacted statutes that "govern for results" which include, among other measures, establishing performance standards and measuring performance within the budgeting process (Liner, et al., 2001).

Performance-based budgeting has at least three advantages including the addition of strategic planning to policymaking and administration, performance becoming an element of the budget process, and introducing goal definition and performance targeting to agency administration (Liner, et al., 2001).

Performance-based measurement assists states in identifying program areas where services may be lacking or where services may be unnecessary, resulting in better service quality while limiting service expenditures. In order for performance measurements to be successful, an environment that is open to change based on the results-oriented allocation of services must be nurtured.

Another factor in developing a performance-based measurement system is technology. Technology allows states to analyze the types of services, the populations being reached by the services, and the effect of services on the population. When this information becomes available, state employees are more likely to discuss outcomes including what is expected, what actually happened, and what changes, if any, should be made to improve the services. The dialogue is a way to create channels of communication within an organization.

Performance Measures at FSSA

In response to a request from the Governor, in 1997, FSSA developed a performance plan including agency performance standards and methods for measuring performance against the standards. The standards are priorities for directing resources and support systems within the agency to improve the provision of services. Since the standards are used to direct resources, the standards have become part of the budget process and are incorporated in the agency's biennial budget presentation.

The following standards, or priorities as they are referred to at FSSA, were established for the FY2004-05 biennium:

- 1. Community- and Home-Based Services
 - A. Increase the community- and home-based services for troubled children by 550.
 - B. Continue to increase community- and home-based service capacity for people with developmental disabilities and people with severe mental illness.
 - C. Increase community- and home-based service capacity for the elderly by 1,000.

2. Prevention

A. Conduct screenings for 90% of Hoosier births, offering services to 100% of at-risk families, with 99% of participants with no substantiated abuse or neglect annually.

B. Offer First Step services to 100% of eligible children, with 95% of children leaving First Steps with verified increased functional abilities.

C. Increase earnings and savings of TANF recipients by 15%.

D. FSSA will meet or exceed the national average for people with disabilities competitively employed and increase the number of individuals with severe mental illness and/or addictions placed in supported employment.

E. Help 15,000 Hoosiers acquire new long-term care insurance policies.

3. Healthy and Safe

A. Increase the number of children on Hoosier Healthwise receiving well visits. Standards are 5 visits from birth to 15 months; 2 annual visits between ages 2-5; and 1 annual visit between ages 6-10.

B. In four critical diseases, achieve specific clinically measurable improvements annually for Medicaid population: Asthma, Congestive Heart Failure, Diabetes, and HIV/AIDS.

C. Increase the number of seniors receiving prescription drug benefits under Hoosier Rx to 30,000.

4. Accountability

A. FSSA will publish, implement, and operate with measurable standards to assess quality of services provided.

B. FSSA will be rated in top five nationally for efficient use of information technology in social services agency.

The priorities emphasize the provision of service and improving service availability. The category of community- and home-based services has been included in the measures since 1997, suggesting that shifting services from institutional care to community- and home-based care has been the top objective for FSSA. When these priorities are compared with the changes in FSSA expenditures, the movement of money and personnel from institutions to services shows the connection between this type of planning and the deployment of the budget.

Also, the priorities are not addressed to a particular division. For each priority, goals are established for each of three population groups - kids, adults and families, and seniors. In this way, service integration begins with the budgeting process. In fact, FSSA proposed consolidating appropriation accounts into single line items consistent with the priority service areas. The consolidation would direct resources to service areas and away from divisions.

Discussion

Most of the proposed consolidations have not been undertaken by the Legislature. However, in the FY 2000 appropriation, certain accounts for aging services were consolidated into a single line item called Aging and Disability Services. Even though FSSA has not been able to consolidate line items, efforts to integrate services through performance-based measurements through

management channels are not restricted.

On the other hand, there are several limitations to performance-based measurement that need to be considered for the process to improve effectiveness and cost within FSSA.

- 1. The priorities, as they are currently stated, consider service performance and not business performance. The greatest opportunity to generate potential cost savings and improve program surveillance resides in the support services or the business performance of FSSA.
- 2. Since many programs are federally funded or federally mandated, the priorities that are established may not truly reflect the state needs, but may instead reflect the ways that services need to change to stay in tune with federal program sources. To assure that priorities represent state needs, many groups need to be consulted and an underlying strategic plan needs to have wide consensus on the approach the agency will take.
- 3. FSSA may not be able to measure performance in areas that are important to its overall performance. As a result, priorities may only be established for areas of easily measured performance, which in turn push priorities away from more important goals. To remedy this deficit in measurement, FSSA may have to invest in technology and commit resources to develop systems beyond those required by federal programs.

Section 5. Conclusion

A look across states indicates that many states are reconsidering the current model of their organizational structure for human services agencies. Most are weighing the same considerations that went into Indiana's decision to reorganize human services in 1991. The issues being considered include collaboration among human services agencies, service integration to reduce fragmentation and duplication, and lines of communication.

The current organizational structure appears to be highly centralized. Whether the organizational structure is positive or negative can only be determined through evaluation of the overall organization. However, a review of other states' activities indicates that many separate agencies serving the same populations may not allow for collaboration among the agencies.

Several issues were examined to evaluate the function of the FSSA organizational structure including the following: (1) continuity of leadership; (2) management complexity; (3) interagency communication; (4) fiscal accountability; and (5) budget. In general, the performance of FSSA's organizational structure appears to operate in a manner similar to other states with centralized systems and within the range of activity of other programs outlined in the literature. However, this is not to say that operations could not be made better. In particular, problems in interagency communication were uncovered through a survey undertaken for this evaluation, and problems with accountability are examined.

Current ideas concerning performance-based measurement are explored as a way for FSSA to make the agency better and/or cost less. From the biennial budget presentation, information concerning FSSA's program of key priorities was examined and ways in which these performance-based measures could be improved were explored.

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Evaluation of the Enabling Statute

Changes from P.L. 9 of 1991

Current Statute

Recodification and other amendments of the statute concerning the structure of FSSA and its responsibilities have had very little impact on the overall structure.

Note: P.L. 2 of 1992 recodified the Indiana Code title concerning human services. Where P.L. 2 of 1992 is mentioned in the 'Change from P.L. 9 of 1991' column, the section was not effected by P.L. 9 of 1991 and, in most cases, existed prior to P.L. 9 of 1991. If the section was in existence prior to P.L. 9 of 1991, it was directing the activities of one of the three departments which were turned into divisions under P.L. 9 of 1991.

Office of the Secretary of Family and Social Services

See P.L.2 of 1992.

IC 12-8-1: The chapter establishing the Office of the Secretary expires on January 1, 2006.

No change

The Office of the Secretary is established to include the Secretary and each office. The Governor appoints the Secretary of Family and Social Services to coordinate family and social service programs among the divisions.

No change

The Secretary has administrative responsibility for the Office of the Secretary and may organize the Office to perform its duties.

No change

The Secretary coordinates the provision of technical assistance for compilation of divisional budgets and for fiscal, management and administrative, and program performance of the divisions.

No change

The Secretary is accountable for resolving conflicts among divisions and coordinating the activities of the divisions with other entities, including the General Assembly and other state agencies. The Secretary coordinates communications with the federal government and other states. The Secretary develops and monitors the central management information system and a centralized training program for orientation and crosstraining, and oversees policy development and management of the state Medicaid program. The Secretary is a liaison with other governments and private service providers.

No change

The Secretary has the power to employ experts and consultants, and use state-owned facilities without reimbursement. The Secretary can accept funds or voluntary or uncompensated services in the name of the state. The Secretary may expend funds. The Secretary has the power to establish and implement policy and advise the Governor concerning rules adopted by a division. The Secretary may create advisory bodies and perform other acts necessary to implement the Act. The Secretary may adopt rules relating to the exercise of powers and duties granted the

Now rules adopted by the Secretary must be approved by

the Family and Social Services Committee.

Secretary.

Previously had to conform to Indiana law.

The Secretary cooperates with the federal Social Security Administration and with other federal agencies to qualify for federal aid for assistance to persons who are entitled to assistance. The Secretary reports to and complies with requirements of the federal Social Security Administration Board or other federal agency. The Secretary acts as the agent to the federal government for welfare matters of mutual concern, and for administration of federal money granted to Indiana to aid the welfare functions of the state.

Added by P.L.138 of 1993.

The Office of the Secretary is designated the sole state agency responsible for administering programs concerning the Vocational Rehabilitation of Handicapped Persons.

Added by P.L.7 of 2000.

The Office of the Secretary implements methods to facilitate the payment of Medicaid providers.

The Office of Administration and the Office of Information Technology within the Office of the Secretary do not currently appear in statute. This section was added by P.L.273 of 1999.

The Office of the Secretary improves its system through the use of technology and staff training to simplify, streamline, and destignatize the eligibility and enrollment processes in all health programs serving children, ensures an efficient provider payment system, improves services to families, and improves data quality for program assessment and evaluation.

No change

Along with the Commissioner of the State Department of Health, the Secretary coordinates family and social services programs with related programs administered by the State Department of Health. The Commissioner and the Secretary together are responsible for formulating overall policy for family, health, and social services in Indiana including development and implementation of a statewide family, health, and social services plan that includes a set of goals and priorities.

Added by P.L.274 of 2003.

IC 12-10-11.5: The Office of the Secretary establishes a comprehensive program of home- and community-based long-term care services. The Secretary and the Director of the State Budget Agency are responsible for ensuring that the costs of long-term care services do not exceed the total amount of funding. The Office of the Secretary reports annually to the Governor, Budget Agency, Budget Committee, Select Joint Commission on Medicaid Oversight, and to the Legislative Services Agency concerning savings that result from providing home- and community-based services rather than institutional care.

Added by P.L.2 of 2000.

IC 12-10-16: The Office of the Secretary administers a program to implement the recommendations of the Prescription Drug Advisory Committee and reports on these recommendations to the Budget Committee.

Added by P.L.104 of 2003.

IC 12-12-9: Physicians and optometrists report on a form prescribed by the Office of the Secretary information for each person diagnosed as being blind or having visual impairment. The Office of the Secretary sends a copy of the report, for persons less than 17 years of age, to the Indiana

School for the Blind, DDARS, and the Division of Special Education in the Department of Education, and, for persons 17 years of age or older, to DDARS and upon request organizations serving the blind and the State Department of Health. The Office of the Secretary prepares and provides educational materials for physicians, optometrists, and university optometry programs.

See P.L.2 of 1992.

IC 12-8-10: The Financial Services Group, established in the Office of the Secretary, prepares contracts with grantee agencies when the state agency has found that the purchase-of-service format cannot be used.

Added by P.L.272 of 1999.

IC 12-8-14: The Secretary administers the Family Support Program to produce a family support policy state plan. The Secretary submits an annual report on the Family Support Program to the Governor and the General Assembly before July 1 of each year.

See P.L.2 of 1992.

IC 12-15-21: The Secretary adopts rules concerning Medicaid reimbursement with the advice of OMPP's medical staff.

See P.L.2 of 1992.

IC 12-15-27: The Secretary adopts rules concerning health providers' access to Medicaid eligibility information.

See P.L.2 of 1992.

IC 12-15-28: The Secretary conducts hearings and appeals concerning Medicaid.

Added by P.L.273 of 1999.

IC 12-17.6-8: The Secretary conducts hearings and appeals concerning the Children's Health Insurance Program.

The Office was added by P.L.273 of 1999.

Office of the Children's Health Insurance Program (OCHIP)

IC 12-17.6-2 to IC 12-17.6-9: OCHIP, established in the Office of the Secretary, designs and administers a system to provide health benefits coverage for children eligible for the program.

OCHIP establishes performance criteria and evaluation measures, monitors program performance, and adopts formulae for premiums. OCHIP contracts with an independent organization to evaluate the program and reports the results to the Children's Health Policy Board and the Select Joint Commission on Medicaid Oversight. OCHIP adopts rules to implement the program.

OCHIP implements outreach strategies and encourages parents of enrolled children to select a primary dental provider for the children.

OCHIP administers the Children's Health Insurance Program Fund to pay expenses of the program and services offered through the program.

Office of Medicaid Policy and Planning

See P.L.2 of 1992. IC 12-8-6: The chapter expires January 1, 2006.

Medicaid was referred to as the The administrator of the Office of Medicaid Policy and Planning (OMPP)

state medical assistance program in P.L. 9 of 1991.

is selected by the Secretary.

No change

OMPP is the single state agency for the administration of the state Medicaid program. OMPP develops and coordinates Medicaid policy for the state. However, the Secretary is the ultimate authority for the state Medicaid program.

No change

The Secretary adopts rules to implement the state Medicaid program and to specify any additional necessary procedures for administrative review of the an agency action under the state Medicaid program.

No change

OMPP assures that a diagnostic assessment of every covered recipient is conducted, a responsibility that previously was filled by the State Department of Public Welfare. The Office of Medicaid Policy and Planning contracts with the Division of Aging and Rehabilitative Services (formerly, the Department of Mental Health) or other persons to conduct the diagnostic assessment.

The OMPP and DDARS memorandum of understanding must specify that OMPP, with the assistance of DDARS, applies for waivers to fund home and community-based long term care services as an alternative to institutionalization.

The Office of Medicaid Policy and Planning develops written memoranda of understanding with the Division of Mental Health and Addiction (DMHA), the Division of Disability, Aging, and Rehabilitative Services (DDARS), and the Division of Family and Children (DFC) that provide for administration of programs, accountability and auditing responsibilities, and allow for each of the divisions to advise on rules and standards. The memoranda of understanding also facilitates communication between the divisions and OMPP.

See P.L.2 of 1992.

IC 12-10-12: Office of Medicaid Policy and Planning appoints one of the two members on a nursing facility screening team. OMPP reviews the screening team's findings and makes final determination where the individual is eligible for Medicaid, the members of a screening team disagree, or where placement is denied. OMPP adopts rules for the appeal of determinations made by OMPP.

See P.L.2 of 1992.

IC 12-10-10: OMPP amends the Home- and Community-Based Services Waiver Program under the state Medicaid plan to provide for payment for attendant care services.

See P.L.2 of 1992.

IC 12-15-1: OMPP and DFC formulate written protocol that specify that OMPP is responsible for payment of claims under the state Medicaid plan. OMPP may enter into contracts to implement the state program. OMPP and the Secretary may take actions, give directions, and adopt procedures and rules to carry out the state Medicaid program. OMPP conducts annual evaluation of the effectiveness of providing Medicaid and submits an annual report to the Legislative Council that covers the office's evaluation. OMPP administers the program of assignment, enforcement, and collection of rights for payment for medical care. OMPP and the Department of Education develop policy and adopt rules for a program to reimburse school corporations from the Medicaid program, and OMPP, consulting with the Budget Agency and Department of Education,

establishes procedures to distribute federal reimbursement to school corporations.

Under procedures established by the Department of State Revenue, OMPP files applications to offset the state tax refund of parents who are required to pay for health services, but who have not.

OMPP may contract with community entities for outreach for and enrollment in the managed care program, provision of services, and consumer education and public health education.

See P.L.2 of 1992.

IC 12-15-2 to IC 12-15-7: County offices determine eligibility and certify to OMPP the individuals who have been found eligible for Medicaid.

OMPP adopts rules for Medicaid services to women who have cervical or breast cancer.

OMPP makes the final determination of eligibility for individuals with developmental disabilities to receive services under a Medicaid waiver. OMPP implements outreach strategies that build on community resources.

OMPP may not limit the number of brand name prescription drugs a recipient may receive under the Medicaid program.

OMPP applies a copayment for certain types of Medicaid.

See P.L.2 of 1992.

IC 12-15-8 to IC 12-15-9: OMPP may assert liens and, on behalf of an injured, ill, or diseased person, initiate and prosecute an action or proceeding.

OMPP may enter a lien against real property of a Medicaid recipient and recover on a claim filed against the estate.

See P.L.2 of 1992.

IC 12-15-10 to IC 12-15-11: OMPP encourages parents of children receiving Medicaid to select a primary dental provider.

To participate in the Medicaid program, a provider files a provider agreement with OMPP. OMPP seeks competitive bids for prescribed drugs and services for state-operated institutions, physical therapy, prescribed laboratory and x-ray services, eyeglasses and prosthetic devices, medical equipment and supplies, and transportation services.

Added by P.L.223 of 2001.

IC 12-15-12: OMPP seeks necessary waivers from the Department of Health and Human Services to implement managed care for the Medicaid program.

OMPP implements a pilot program for chronic disease management and, making necessary changes indicated by the pilot program, a statewide chronic disease program. OMPP and the State Department of Health prepare an evaluation of the pilot program for the Select Joint Commission on Medicaid Oversight and annually on the statewide program.

13 - added by P.L.107 of 1996. 14 - added by P.L.2 of 1992. 14.5 - added by P.L.224 of 2003. 15 - added by P.L.2 of 1992. **IC 12-15-13 to IC 12-15-15:** OMPP pays, denies, or suspends each clean claim submitted within the statutorily required period. The period is based on the type of provider or is designated by OMPP for certain types of providers.

See P.L.2 of 1992.

IC 12-15-28: For appeals and hearings, OMPP may make necessary investigations and decisions relative to the granting of Medicaid and the amount to be granted to the applicant.

See P.L.2 of 2002.

IC 12-15-30: OMPP prepares requirements for Medicaid program administration and assists the Department of Administration in preparing bid specifications.

Added by P.L.15 of 2002.

IC 12-15-31.1: OMPP conducts a survey of pharmacy providers to assess the appropriate level of dispensing fees, at least every two years.

See P.L.2 of 1992.

IC 12-15-34: OMPP takes action, gives direction, and adopts rules to carry out a program of home health care services. OMPP may contract to purchase services necessary to implementation of home health care services. OMPP assists the Department of Administration in preparing qualifications and specifications for bidders to administer the fiscal provisions of the program. OMPP develops adequate utilization review procedures for home health agencies to conform to federal guidelines.

Added by P.L.93 of 1995.

IC 12-15-37: The State Department of Health, with guidance and input from OMPP, reviews Medicaid recipient populations to determine which populations may benefit from transfer to insurance products. OMPP and State Department of Health enter into an interagency agreement to allow the State Department of Health to carry out its duties.

OMPP, under the guidance of the State Department of Health, may seek waivers to establish demonstration projects based on the findings of the survey.

OMPP and the State Department of Health may collaborate with the American Heart Association to reduce the cost of stroke treatment and improve outcomes for stroke patients.

Added by P.L.24 of 1997.

IC 12-15-40: OMPP establishes a payment rate to a hospice program for hospice services provided to hospice program patients who are eligible for medical assistance.

Added by P.L.287 of 2001.

IC 12-15-41: OMPP develops a sliding scale of premiums for individuals participating in the buy-in program and annually reviews the premium that an individual is required to pay. OMPP establishes criteria to base the annual redetermination of disability for an individual to participate in the program and to determine the effectiveness of the buy-in program. OMPP adopts rules to implement the Medicaid buy-in program.

Added by P.L.20 of 2003.

IC 12-15-43: OMPP may implement the Program of All-Inclusive Care for the Elderly and adopt rules to implement the program.

The operation of the Long-Term Care Program by the Department of Insurance and OMPP is new. **IC 12-15-39.6** OMPP and the Department of Insurance administer the Long-Term Care Program to provide incentives for individuals to insure against the costs of providing for their long-term care needs and provide a mechanism for individuals to qualify for coverage of the costs of the long-term care needs under Medicaid without first exhausting all their resources. The Department of Insurance contracts with Area Agencies on Aging or other nonprofit organizations to provide counseling services under the program.

No change

OMPP makes an asset disregard for any individual who purchases a qualified long-term care policy in eligibility for Medicaid. OMPP may enter in to reciprocal agreements with other states for asset disregard for Indiana residents who had purchased a qualified long-term care policy in other states.

The Division adopts rules.

The Secretary may adopt rules to implement the Long-Term Care Program.

Divisions and Directors

See P.L.2 of 1992.

IC 12-8-8: The chapter expires on January 1, 2006.

Provisions prohibiting division directors from contracting with nonagency or community mental health entity without the approval of the Secretary are removed.

The Secretary, with the approval of the Governor, appoints each director. The director is the chief administrator of a division and adopts rules related to the operation of the division and implementation of programs within the division.

No change

The director is the ultimate authority for administrative orders and procedures concerning the operations of the division and the division's programs. However, the director consults with the Secretary on issues of family, social services, or health policy.

No change

The director is responsible for divisional budget development and presentation.

Division of Disability, Aging, and Rehabilitative Services

Disability was added to the name.

IC 12-9-5: The Division of Disability, Aging, and Rehabilitative Services (DDARS) administers money appropriated by the state and from certain federal sources. DDARS administers programs including aging services, services for individuals with disabilities, rehabilitation services, and quality improvement services. To the extent that the division has responsibilities for programs, DDARS administers state institutions, voluntary and involuntary treatment of mentally ill individuals, local program financing, and county homes and other county facilities. DDARS is responsible for supported employment for persons with developmental disabilities, the epilepsy service centers program, the epilepsy clinic program, and Medicaid waivers for in-home services.

Medicaid waivers for in-home services is new.

See P.L.2 of 1992.

IC 12-10-3: DDARS contracts with county prosecuting attorneys or other county governmental entities to provide adult protective services. DDARS maintains records concerning endangered adults and reports neglect, battery, or exploitation to the appropriate county authority. Also, DDARS reports before February 2 of each year to the General Assembly concerning endangered adults.

See P.L.2 of 1992.

IC 12-10-4: DDARS develops or identifies and utilizes training programs for the care of individuals with Alzheimer's disease or a related senile dementia, and establishes pilot programs to provide respite care and other support services. DDARS consults with a support organization to develop and evaluate training and respite programs and other long-term care initiatives. DDARS may award grants to be used for Alzheimer's disease or related senile dementia activities.

Added by P.L.106 of 1997.

IC 12-10-5.5: In conjunction with the Long-term care Ombudsman's Office, DDARS provides a disclosure form for health facilities that provide or offer Alzheimer's and dementia special care. DDARS receives the disclosure forms each December, makes the forms available upon request, and publishes all disclosure forms before February each year.

No change (has been amended but has not changed its primary function). **IC 12-10-6:** DDARS, in cooperation with the State Department of Health, develops rules for reimbursing residential care facilities and determines eligibility for residential care assistance in the home.

See P.L.2 of 1992.

IC 12-10-7: The Adult Guardianship Services Program is administered by the director of DDARS to provide services within the limits of available funding for indigent, incapacitated adults. DDARS contracts, in writing, for guardianship services and establishes qualifications to determine eligible providers. The providers are subject to audit, and audits are submitted to DDARS.

See P.L.2 of 1992.

IC 12-10-10: DDARS also administers the Community and Home Options to Institutional Care for the Elderly and Disabled Program, including administering federal and state money, and developing and implementing a process for the management and operation of programs. DDARS approves the selection of community and home care services providers and reviews and approves plans developed by the providers. DDARS maintains and provides access to the Long-term care Services Eligibility Screen. Also, DDARS establishes a training program for relatives of eligible individuals to provide homemaker and personal care services. DDARS, in conjunction with the Office of the Secretary, prepares an annual report regarding clients and services of the Community and Home Options to Institutional Care for the Elderly and Disabled Program and other long-term care home- and community-based programs.

Certain responsibilities originally assigned to DDARS have been amended to OMPP.

IC 12-10-12: DDARS, in cooperation with the Division of Mental Health and Addiction and the Office of Medicaid Policy and Planning, develops rules for the activities of screening teams for admission to nursing facilities. DDARS collects information concerning the effectiveness of the preadmission screening program, and identifies barriers to use of in-home care and need for additional in-home services.

Added by P.L.255 of 2001.

IC 12-10-17: DDARS registers or designates an agency to register attendant care service providers. DDARS adopts rules concerning a method of payment to a personal services attendant who provides authorized services and requirements for record keeping for personal attendant services. DDARS also adopts rules concerning receiving, reviewing, and investigating complaints about personal services attendants and concerning the reporting of personal services attendants found guilty of neglect, abuse, mistreatment, or misappropriation of property.

Added by P.L.274 of 2003.

IC 12-10.5-1: DDARS administers the Caretaker Support Program to offer services administered by Area Agencies on Aging. The services offered by the program include information about available respite services, assistance in accessing services, individual counseling and support groups, and respite care. DDARS develops and implements a client cost-share formula for respite care services and provides standards for the training of and promotes best practices for continuum of care program providers.

No change

IC 12-9-2: DDARS may contract with community mental retardation and other developmental disabilities centers, corporations, or individuals that are approved by DDARS.

Added by P.L.272 of 1999.

IC 12-11-2.1: DDARS requires service coordination personnel and vocational counselors to coordinate their services for developmentally disabled.

Added by P.L.104 of 2003.

IC 12-11-6: DDARS is responsible for planning, researching, and the development of developmental services and the coordination of various governmental services, activities, and programs related to developmentally disabled individuals.

See P.L.2 of 1992.

IC 12-12-9: DDARS receives reports on blind or visually impaired individuals and provides information to the individual on available state and local services.

Added by P.L.272 of 1999.

IC 12-10-13: DDARS establishes a Long-term care Ombudsman Program and the DDARS director appoints the state long-term care ombudsman. The long-term care ombudsman receives, investigates, and resolves complaints and concerns made by or on behalf of a resident of a long-term care facility. The ombudsman prepares an annual report on its operations for the Governor, General Assembly, DDARS, the Federal Commissioner on Aging, each Area Agency on Aging, and for the State Department of Health.

IC 12-11-13: The Statewide Waiver Ombudsman is established within DDARS to receive, investigate, and attempt to resolve complaints or concerns made by or on behalf of developmentally disabled individuals who receive services under the waiver for the federal home- and community-based services program. The Ombudsman promotes coordination among programs that provide legal services, DDARS, providers of waiver services, and other providers. The Ombudsman

reports annually on the program to the Governor, Legislative Council, DDARS, and Indiana Commission on Mental Retardation and Developmental Disabilities.

Powers of the DDARS Director

Rules adopted by the director must be approved by Family and Social Services Committee.

The compilation of information is new.

Institutional responsibilities were extensively discussed in the section concerning the duties of the director, but are now in a separate chapter.

IC 12-9-2: DDARS director has powers similar to the Secretary's including employing experts and consultants to assist the division to carry out its function; accepting funds and voluntary and uncompensated services in the name of the division; utilizing services and facilities of other state agencies without reimbursement; expending funds, establishing rules, and implementing policies and procedures for the division; and performing other acts necessary to carry out the functions of the division. The Director compiles information and statistics from each bureau concerning the ethnicity and gender of program and service recipients.

No change

The director may hire the personnel necessary to perform the duties of the division and has administrative control of and responsibility for the state-owned and -operated developmental centers.

The director may enter into contracts for the disbursal of money for approved community mental retardation and other developmental disability centers. However, the director must submit the contract to the Attorney General for approval as to form and legality.

Added first by P.L.73 of 1998.

IC 12-10-15: The DDARS director develops standardized disclosure forms for operators of housing with services establishments. The director enforces disclosure provisions including assessing penalties.

No change

IC 12-24-1: The DDARS director has administrative control and responsibility for Fort Wayne State Developmental Center, Muscatatuck State Developmental Center, and other state-owned and -operated developmental centers.

The Director produces a semiannual statistical report for each state institution under the director's control.

No change

IC 12-24-2: Subject to the approval of the Governor, the Director appoints the superintendent of a state institution.

No change

IC 12-24-3:The Director may require state institution employees to furnish bond.

DDARS' Bureaus

IC 12-9-1: DDARS consists of five bureaus including:

See P.L.2 of 1992.

IC 12-9-6: DDARS operates **disability determination bureaus** through agreement with the federal government to adjudicate claims for

Social Security Disability Insurance and Supplemental Security Income, enter into an interim assistance agreements with the Social Security Administration, or adjudicate whether an employee is entitled to long term disability benefits.

BAIHS previously administered the Indiana long-term care program and the medicaid waiver for in-home services. **IC 12-10-1:** The **Bureau of Aging and In-Home Services (BAIHS)** assists the aged in maintaining self-sufficiency and personal well-being with dignity and to realize the aged person's maximum potential as a creative and productive individual. BAIHS administers 15 programs including Area Agencies on Aging services, adult protective services, adult guardianship, long-term care advocacy, and nutrition services and home delivered meals, to name a few.

See P.L.2 of 1992.

BAIHS provides a comprehensive and coordinated service system for Indiana's aging population and conducts studies and research into the needs and problems of aging. The bureau ensures participation by the aging in planning and operation of all phases of the system. BAIHS is a focal point for advocacy, coordination, monitoring, and evaluation of programs for the aging and aged. BAIHS develops a comprehensive plan to meet the needs of the elderly and evaluates programs, services, and facilities for the aged concerning meeting the needs of the aged.

BAIHS coordinates programs, services, and facilities and makes recommendations to the Governor and General Assembly concerning those programs. The bureau receives federal funds and administers any state plan for the aging required by federal law. The bureau cooperates with federal government studies and conferences designed to examine the needs of the aged.

BAIHS provides consultation and assistance to communities and groups developing local services for the aged and promotes community education regarding the problems of the aged. The bureau establishes information and referral sources when not otherwise provided.

BAIHS acts as the agent providing state money to the Area Agencies on Aging. The bureau designates Area Agencies on Aging in each planning and service region. It initiates, evaluates, and provides assistance for improving programs in cooperation with all other state agencies having concerns or responsibilities for the aged. BAIHS conducts an annual conference on the problems of the aging and aged, and examines the needs of the aged and prepares programs and facilities to meet those needs.

The BAIHS is required to coordinate service delivery with the Area Agencies on Aging.

See P.L. 2 of 1992.

IC 12-10-14: DDARS may establish within BAIHS a representative payee and bill payer program to assist low-income individuals who cannot manage their financial matters and do not have friends or relatives who can help. BAIHS administers the program and may provide staff, support services, and training. BAIHS may enter into a memorandum of understanding with legal counsel to represent the interests of the retired

persons. BAIHS may monitor representative payees and bill payers, audit transactions, and review bank statements and cancelled checks.

See P.L. 2 of 1992.

IC 12-12-1: The **Rehabilitation Services Bureau (RSB)**, established within DDARS, includes three units including services for the blind and visually impaired, vocational rehabilitation, and services for the deaf and hard of hearing. RSB plans, establishes, and operates programs, facilities, and services relating to vocational rehabilitation. Also, RSB designs state plans for rehabilitation services and directs the disbursement and administers the use of money for vocational rehabilitation programs. RSB may contract with accredited governmental entities and other public or private entities for job development, placement, and retention services.

RSB provides job placement services, including supported employment, for blind, visually impaired, and other persons with disabilities. RSB determines whether an applicant is a person with a disability. RSB may receive gifts in the Rehabilitation Services Fund to defray the expenses of rehabilitation or other services.

IC 12-12-3: RSB establishes, equips, operates, or contracts for a rehabilitation center for blind and visually impaired individuals.

IC 12-12-5: RSB has sole vending opportunities in government facilities

See P.L. 2 of 1992.

See P.L. 2 of 1992.

to provide blind individuals with remunerative employment. RSB seeks out vending opportunities for blind individuals in public and private buildings. RSB reports annually concerning the number of blind vendors placed in private and public buildings. LSA receives the report and submits copies to chairs of the health committees of the House and Senate.

See P.L. 2 of 1992.

IC 12-12-6: RSB establishes a rehabilitation technology program for persons with physical disabilities. The program provides rehabilitation technology services directly to persons with physical disabilities and provides training for providers of rehabilitation services. RSB may contract with outside agencies to establish the program.

See P.L. 2 of 1992.

IC 12-12-7: The unit of Services for the Deaf and Hard of Hearing refers deaf individuals to the appropriate agencies and coordinates state, local, and private efforts to serve the deaf and hard of hearing. DDARS may contract for services required by the chapter.

No change

IC 12-11-1.1: The **Bureau of Developmental Disability Services (BDDS)** plans, coordinates, and administers individualized, integrated, community-based services for developmentally disabled individuals and their families.

Added by P.L.272 of 1999.

BDDS approves entities to provide community-based services and supports and approves and monitors community based residential, habilitation, and vocational service providers. BDDS makes every effort to assure that individualized services plans are developed and may provide reimbursement for services in plans that are not eligible for Medicaid reimbursement. [The Budget Agency reports to the Budget

Committee concerning any savings from transfer or discharge of individuals with developmental disabilities from state developmental centers.]

Added by P.L.272 of 1999.

IC 12-11-2.1: BDDS determines whether or not an individual is developmentally disabled and provides service coordination services for developmentally disabled individuals. BDDS is the placement authority for developmentally disabled individuals, including placements in state developmental centers. BDDS develops service plans for individuals discharged from state institutions, and monitors the individual's compliance with the service plan while the person is in outpatient status.

See P.L. 2 of 1992

IC 12-12.5-1: The **Bureau of Quality Improvement Services (BQIS)** is established within DDARS to monitor services provided by entities that receive funds from DDARS or that have a provider agreement to provide Medicaid in-home waiver services.

BQIS establishes and administers a complaint process for individuals receiving services from an entity with funds provided by the DDARS, entities that enter into a provider agreement, or individuals or entities certified, licensed, or otherwise approved by DDARS.

Division of Mental Health and Addiction

No change

IC 12-11-2.1: DMHA and DDARS enter into a memorandum of understanding concerning referrals to BDDS discharged from or on an outpatient status from a state institution operated by DMHA.

Division of Family and Children

red: (1) DFC was allowed bervise correctional institutions and responsibility for action of jails. (2) instration of state

DFC provides services to counties including organization and supervision of county offices, compiling statistics, and researching and encouraging research into crime, delinquency, physical and mental disability, and the cause of dependency. DFC prescribes forms to county departments for applications, reports, and affidavits.

DFC cooperates with the Social Security Administration and other federal agencies to qualify for federal aid, including making reports to the federal Social Security Administration Board and complying with requirements.

DFC assists the OMPP in fixing fees for ophthalmologists and optometrists for the examination of applicants for assistance as needy blind persons.

Removed: (1) DFC was allowed to supervise correctional activities including state charitable, penal, reformatory, and correctional institutions and had responsibility for inspection of jails. (2) Administration of state institutions for children and supervision of benevolent institutions. (3) Classification of patients and inmates and transfer of county lease and rent. (4) DFC was not allowed to be construed to include the actual management of state institutions nor the selection of personnel of state institutions.

DFC, when requested, assists other departments, agencies, divisions, and institutions of state and federal government in performing services consistent with the article. DFC acts as the agent of the federal government for DFC programs and county welfare and administration.

Permanency planning services have been added.

DFC supervises day care centers and child placing agencies; the licensing and inspection of all public child caring agencies; and the care of delinquent children and children in need of services. DFC supervises the care of dependent children and children placed for adoptions, and assists juvenile courts as required by juvenile court statutes. DFC provides permanency planning services for children in need of services (CHINS).

DFC compiles information and statistics concerning the ethnicity and gender of program recipients.

8 of the 23 programs have been added since the original Act.

DFC administers 23 specific programs including the Interstate Compact on the Placement of Children, a child development associate scholarship program, migrant day care services, Housing Assistance Act of 1937, child abuse prevention programs, social services programs, and the Step Ahead Comprehensive Early Childhood Grant Program, to name a few.

The division may adopt rules and take actions to carry out law concerning family and child services. The division may designate county offices to serve as agents for the purpose of performing public welfare activities in a county.

Added by P.L.2 of 1992 with the exception of the CCBG.

IC 12-13-7: DFC administers 10 specific federal and state program funds including the Community Services Block Grant; Domestic Violence Prevention and Treatment Fund; Child Care and Development Block Grant; and Title IV-A, -B, and -E of the federal Social Security Act, to name a few.

DFC is the single state agency administering the Child Care and Development Block Grant, Title IV-B and -E of the federal Social Security Act, the federal Food Stamp Program, and the federal Social Services Block Grant. DFC and the counties observe and comply with all requirements of the federal Social Security Act and its regulations.

DFC prepares and submits forms and records of financial transactions to the State Board of Accounts for approval, and with the approval of the State Board of Accounts, prescribes forms, records, and methods of accounting for all counties.

See P.L. 2 of 1992

IC 12-13-9: DFC administers the State Medical Assistance to Wards Fund to defray the expenses and obligations incurred by DFC for medical assistance to wards.

No change

IC 12-13-10: DFC is the sole sate agency for the development and implementation of the Social Services Block Grant Act. DFC, under the direction of the Governor and in cooperation with other departments, agencies, or divisions, prepares the state plans required by the Social

Services Block Grant Act.

DFC institutes services that further goals including reducing, preventing, or eliminating dependency; preventing or remedying neglect, abuse, or exploitation of children and adults; preserving, rehabilitating, or reuniting families; preventing or reducing inappropriate institutional placement; and securing referral or admission for institutional placement where appropriate.

DFC establishes standards that are required to carry out the purposes of the chapter and the requirements of the Social Services Block Grant Act.

DFC accepts money to supplement the purchase of services and establishes a special fund to receive the money. DFC may not make further payments for services in excess of the authorized federal financial participation.

See P.L. 2 of 1992.

IC 12-14-13 to IC 12-14-22: DFC develops certificates for supplemental assistance to the aged, and provides eye treatment for individuals in need of eye treatment who qualify under rules adopted by the director. DFC pays for the funeral director's expenses and burial lot for a person who receives supplemental assistance if the estate or legal representative is unable to do so. DFC and a county welfare office may file liens.

DFC may accept voluntary contributions in support of a person receiving public assistance, and deposits contribution in the State Welfare Fund.

Added by P.L.74 of 1992.

IC 12-14-24: DFC makes grants from the Youth Service Bureau Grant Account within the General Fund to organizations that apply to the DFC for certification as youth service bureaus.

See P.L. 2 of 1992.

IC 12-14-28: DFC determines maintenance of effort toward Temporary Assistance to Needy Families (TANF) based on criteria set in statute. DFC may adopt rules to implement the chapter.

See P.L. 2 of 1992.

IC 12-15-1: DFC supervises county offices who serve as agents of the DFC. DFC and OMPP formulate written protocols specifying that county offices are responsible for eligibility determinations for the state Medicaid program.

See P.L. 2 of 1992.

IC 12-16-1: DFC adopts rules to provide for prior review and approval of covered medical services for medical services for inmates and patients.

The Hospital Care for the Indigent Program was created in 2002.

IC 12-16-2.5 to IC 12-16-16.5: DFC administers the Hospital Care for the Indigent Program. DFC adopts forms for the program, investigates to determine eligibility under the program, and notifies the person and hospital in writing concerning eligibility decisions. DFC pays reasonable costs of medical care and transportation to a place of treatment. DFC collects data concerning the Hospital Care for the Indigent Program.

DFC and its medical staff, along with DMH and DDARS, provides for

review and approval of services paid, establishes limitation on the duration of services provided, and specifies the amount of reimbursement for services and the conditions under which payment will be denied.

DFC administers the State Hospital Care for the Indigent Fund which consists of money transferred to the state fund from county funds, contributions, and appropriations made by the General Assembly. The Fund defrays the expenses and obligations incurred by the DFC for hospital care for the indigent.

See P.L. 2 of 1992.

IC 12-13-12: DFC provides staff and administrative support to the Commission on the Social Status of Black Males.

IC 12-13-13: By November 1 of each year, DFC reports to the General Assembly regarding management of child abuse and neglect cases.

See P.L. 2 of 1992.

IC 12-13-14: DFC may seek permission from the Secretary to implement an electronic benefits transfer for recipients of the Food Stamps Program. DFC contracts with vendors for supplies and services to implement the program. DFC provides retailer and recipient training and negotiates a fee structure with the Indiana Grocers and Convenience Store Association.

See P.L. 2 of 1992.

IC 12-13-14.5: Each six months, DFC reports to the Budget Committee and the General Assembly concerning child protection and welfare caseload information of each county.

See P.L. 2 of 1992.

IC 12-13-15: DFC trains local child fatality review teams and collects and documents information surrounding the deaths of children reviewed by local child fatality review teams. DFC reports annually to the public.

See P.L. 2 of 1992.

IC 12-13-15.2: DFC collaborates with OMPP and State Department of Health to establish programs that facilitate children's access to oral health services.

DFC was instructed to work with the Department of Revenue to deduct reimbursement from tax returns.

IC 12-14-11: DFC administers state and federal funds for the Home Energy Assistance Programs that defray home energy costs and provide assistance to low-income households for home energy conservation measures, and establishes eligibility for the program.

See P.L. 2 of 1992.

Annually, DFC reviews the formula used to determine the amount of assistance awarded and reports to the Legislative Council the number of applicants and the number of awards. DFC establishes procedures for providing assistance and for conducting hearings and appeals of applicants who have been denied assistance. DFC recovers assistance from recipients found not to be entitled to assistance.

See P.L. 2 of 1992.

IC 12-15-39: DFC assists providers who provide for the voluntary conversion of Medicaid-funded intermediate care facility for the mentally retarded beds and in securing appropriate placement for individuals who reside in the intermediate care facility for mentally retarded beds that are

converted.

See P.L. 2 of 1992.

IC 12-16-1: DFC adopts rules for medical services for inmates and patients with the advice of the DFC's medical staff and representatives of the Department of Correction, State Department of Health, DMHA, and DDARS. DFC contracts with the Medicaid contractor for administrative and fiscal services.

See P.L. 2 of 1992.

IC 12-16-2.5 to IC 12-16-16.5: DFC administers the Hospital Care for the Indigent Program.

DFC adopts rules to establishes income and resource eligibility standards for the program and the forms used by the program. DFC adopts rules for an administrative appeal procedure.

DFC notifies people and hospitals in writing when eligibility is denied. DFC fixes a time and place for a hearing before a hearing officer appointed by the DFC director. DFC pays for reasonable medical care costs and transportation costs for people found eligible for the program.

Each year, DFC calculates the amount of claims payable by county and notifies the counties of the claims payable.

DFC allocates funds to the State Hospital Care for the Indigent Fund from county hospital care for the indigent funds. The costs of administering the program and processing claims and the expenses and obligations incurred for hospital care for the indigent are paid from the State Fund.

See P.L. 2 of 1992.

IC 12-17-1: DFC county offices provide assistance to destitute children living in a suitable foster family home or institution. The county offices submit to DFC for review and approval a plan for furnishing necessary medical care. The county office receives applications, investigates, and may establish an account for the child and issue four copies of certificate for the child.

DFC adopts rules that prescribe forms and determine eligibility and amount of assistance.

See P.L. 2 of 1992.

IC 12-17-3: DFC cooperates with each county office and with the Children's Bureau of the US DHHS to establish, extend, and strengthen public welfare services for the protection and care of dependent and delinquent children and children in need of services.

See P.L. 2 of 1992.

IC 12-17-9: DFC county offices maintain health summary records for children receiving foster care that is funded by DFC or a county office. DFC provides forms for providers.

See P.L. 2 of 1992.

IC 12-17-11: DFC establishes a medical passport program for children who receive foster care.

No change

IC 12-17-12: DFC administers the School Age Child Care Project Fund which provides grants to school corporations or other nonprofit

organizations that establish and operate a school age child care program. DFC provides an annual report for the Governor and the General Assembly including the number of applications for grants, the number of grants awarded, the amounts left in the fund, and other information requested.

See P.L. 2 of 1992.

IC 12-17.2-2, and IC 12-17.2-4 to IC 12-17.2-6: DFC administers the licensing and monitoring of child care centers or child care homes. DFC, in consultation with the State Department of Health, Fire Prevention and Building Safety Commission, and the Board adopts rules concerning the licensing and inspection of child care centers and chid care homes. DFC and the State Fire Marshal apply the rules adopted in licensing and inspection of applicants. DFC monitors licensed entities for continued compliance with statute and rules.

DFC investigates persons seeking licensure as child care centers or child care homes and issues a license to persons who meet all of the license requirements. DFC investigates premises that DFC has reason to believe are used for child care without a license where a license is required. DFC reports findings to the Attorney General, the county department of public welfare attorney, and the prosecuting attorney of the county.

DFC and the State Fire Marshal make annual onsite inspections and keep written records of their monitoring activities and inspections.

DFC holds administrative hearing concerning violations and issues a decision within 60 day after the conclusion of the hearing.

DFC also adopts rules for inspection of child care ministries including standards for sanitation. An unlicensed child care ministry may not operate unless the ministry has met the requirements of DFC and the Office of the State Fire Marshal.

DFC administers the Child Care Fund consisting of fees and civil penalties.

See P.L. 2 of 1992.

IC 12-17.4-2 to IC 12-17.4-6: DFC administers the licensing and monitoring of child caring institutions, foster family homes, group homes, and child placing agencies. DFC adopts rules concerning licensing and inspection of child caring institutions, foster family homes, group homes, and child placing agencies in consultation with State Department of Health, Fire Prevention and Building Safety Commission, and the Board. DFC investigates complaints to determine noncompliance with rules.

DFC investigates a person seeking licensure to determine if the person is in compliance with statute and rules and issues a license to a person who meets the licensure requirements.

DFC and the State Fire Marshal make annual onsite inspections and keep written records of their monitoring activities and inspections.

DFC holds administrative hearing concerning violations and issues a decision within 60 days after the conclusion of the hearing.

DFC investigates unlicensed facilities and reports findings to the Attorney General, the county department of public welfare attorney, and the prosecuting attorney of the county.

See P.L. 2 of 1992.

IC 12-18-4: DFC administers the Domestic Violence Prevention and Treatment Fund and makes grants to and enters into contracts with entities for the establishment or maintenance of a domestic violence prevention and treatment center. Money in the fund may also be used for training, research, and development and implementation of other means for the prevention and treatment of domestic violence.

Current statute adds state marriage license fees as a source for the fund. **IC 12-18-5 to IC 12-18-6:** DFC administers the Family Violence and Victim Assistance Fund along with the Treasurer of State. The fund receives fees from state marriage licenses and a distribution from the State User Fee Fund.

See P.L. 2 of 1992.

IC 12-20-7: DFC and county offices use consent forms for information disclosed to township trustees to assist in making eligibility determinations for public assistance programs and assist in reducing fraud and abuse in public assistance programs.

See P.L. 2 of 1992.

IC 12-20-28: The State Board of Accounts forwards to DFC a copy of an annual report concerning the number of Poor Relief recipients and dollar value of the benefits. DFC provides the reports to US Department of Health and Human Services.

Originally, the director was responsible for Indiana State Developmental Center. However, current law indicates that supervision by the division does not include the actual management of institutions or the selection of personnel at state institutions.

Powers of the DFC Director

IC 12-13-2: The director of the Division of Family and Children (DFC) must execute a bond and take and subscribe to an oath. The director appoints state investigators or boards of review to ensure fair hearing to applicants or recipients. The director adopts policies and rules for DFC and is responsible for the administrative and executive duties and responsibilities of DFC. The director establishes salaries for officers and employees of DFC. The director establishes the minimum standards of assistance for old age and dependent children recipients.

The director appoints personnel to efficiently perform the division's duties and bureau heads or other persons who report directly to the director.

See P.L. 2 of 1992.

IC 12-13-7: The director adopts rules to administer and supervise the federal Food Stamp Program.

The director prepares a budget of money necessary to operate division programs for the Budget Director, and includes an estimate of all federal money that may be allocated to the state.

No change

IC 12-13-10: The director establishes rules for financial eligibility standards for social services.

See P.L. 2 of 1992.

IC 12-14-25: The director designates an employee of each food stamp office to perform voter registration duties at that office.

See P.L. 2 of 1992.

IC 12-16-6.5: The director appoints hearing officers for appeals of eligibility determinations from the Hospital Care for the Indigent Program.

See P.L. 2 of 1992.

IC 12-17-12: DFC director adopts rules to carry out the School Aged Child Care Program.

In P.L. 9 of 1991, DFC was instructed to adopt rules.

DFC director adopts rules to govern sanitation in school age child care programs.

See P.L. 2 of 1992.

IC 12-17-2: The director appoints the Child Support Bureau head.

The director adopts rules to implement Title IV-D of the federal Social Security Act.

See P.L. 2 of 1992.

IC 12-17-11: The director adopts rules to implement a Medical Passport Program for children in foster care.

See P.L. 2 of 1992.

IC 12-19-1: The director appoints a county director of the county office of family and children in each county.

DFC County Offices

See P.L. 2 of 1992.

IC 12-19-1: The county director is the executive and administrative officer of the county office. A county director executes a bond and takes and subscribes to an oath for faithful discharge of duties. With the approval of DFC director, the county director appoints assistants to administer the county welfare activities and perform other duties of the county office. DFC pays the county office personal services costs and provides the necessary facility to house the county office including supplies and equipment.

County offices administer assistance and services to dependent children in the homes of the dependent children, elderly persons, and persons with disabilities. County offices administer care and treatment to children in need of services, dependent children, and children with disabilities. Also, licensing of foster family homes, care and treatment supervision for children in need of services and delinquent children in foster family homes, and other welfare activities delegated to the county office by DFC are responsibilities of the county office.

Courts may direct the county director or the county director's assistants to perform the function of a probation officer or agent of the court in welfare matters before the court. County offices may sue and be sued in the name of the county office. County offices may receive and administer gifts, devises, or bequests of personal property.

See P.L. 2 of 1992.

IC 12-19-7.5: A Family and Children's Fund and a Children's Psychiatric Residential Treatment Services Fund are established in each county. Each fund is raised from a separate tax levy. The county office director compiles and adopts an annual Child Services Budget including an estimate of the amount to defray the expenses and obligations of services for children adjudicated to be children in need of services or delinquent

children. The county director also compiles and adopts a budget for the Children's Psychiatric Residential Treatment Service Fund with assistance from judges of courts with juvenile jurisdictions. DFC has final approval of the budgets and tax levies recommended.

IC 12-13-6: DFC's Bureaus

Bureaus were referred to as Sections. The DFC consisted of 5 sections.

The Division of Family and Children (DFC) consists of eight bureaus. Each bureau head and assistant supervisor must execute a bond and take and subscribe an oath. The bureaus include:

Bureau heads and assistant supervisors were known as Bureau chiefs and assistant section chiefs.

No change

No change

See P.L. 2 of 1992. (These bureaus are mentioned in statute, but no direction is given about their program content.)

See P.L. 2 of 1992.

IC 12-13-6: The **Bureau of Family Independence** has immediate charge of old age assistance, assistance to dependent children in children's own home, and assistance to the blind.

IC 12-13-6: The Youth Development Bureau, which must include a Children's Disabilities Services Unit, plans, funds, and coordinates programs and services for children and youth that promote optimal functioning. The Bureau coordinates services, activities, and programs with other agencies and divisions that provide services to children with emotional disturbances; serves as a link with local schools concerning the Department of Education's educational opportunities for at-risk students program; provides collaboration and assistance to school health programs; plans and administers community-based programs and services for the prevention of juvenile delinquency; and facilitates the movement of students with disabilities from secondary school to postsecondary school or employment.

A Bureau of Child Care Services A Bureau of Residential Services A Family Protection Bureau

IC 12-14-10: The **Bureau of Family Resources** is established within the Division of Families and Children. The Bureau performs the following duties. It provides a range of services and activities having a measurable and potentially major impact on causes of poverty. It provides activities designed to assist low-income participants do the following: (a) secure and retain meaningful employment; (b) attain an adequate education; (c) make better use of available income; (d) obtain and maintain adequate housing and a suitable living environment; (e) obtain emergency assistance; (f) remove obstacles and solve problems that block the achievement of self-sufficiency; (g) achieve greater participation in the affairs of the community; and (h) make more effective use of other programs.

The Bureau provides, on an emergency basis, supplies, nutritious foodstuffs, and related services that are necessary to counteract conditions of starvation and malnutrition among the poor.

The Bureau coordinates and establishes linkages between governmental and other social service programs to assure the effective delivery of services to low-income individuals. The Bureau encourages the use of entities in the private sector to ameliorate poverty in the community.

The Bureau administers the energy assistance program. The Bureau administers the low-income home weatherization programs.

See P.L. 2 of 1992.

IC 12-13-7: The **Food Stamp Bureau** provides an incentive payment to the offices of prosecuting attorneys for the investigation or prosecution of food stamp fraud.

See P.L. 2 of 1992.

IC 12-17-2: The **Child Support Bureau** is established within DFC to develop and implement the state plan for administration of Title IV-D of the federal Social Security Act. In addition, the Bureau evaluates the quality, efficiency, effectiveness, and scope of services provided under the plan, controls the financial operation of the plan, coordinates activities related to the state's enforcement of support law, and operates the state parent locator service. The Bureau maintains the State Case Registry with records of each case in which the Bureau provides services, and each child support order.

The Bureau enters into agreement with individuals who owe child support for wage withholding, brings legal process to require withholding, notifies the Department of Workforce Development of amounts to be withheld from unemployment compensation, and reimburses the Department of Workforce Development for administrative costs incurred.

The Bureau makes agreements and maintains communications necessary with the Bureau that administers Title IV-A of the federal Social Security Act to ensure proper operation of the total program.

The Bureau makes contact with federal courts and makes agreements with local governmental officials in Indiana for the effective administration of the plan.

Under federal law, the Bureau has authority to order genetic testing to establish paternity without court order. The Bureau safeguards information obtained by the Bureau and establishes procedures for providing information to consumer reporting agencies concerning overdue support owed.

The Bureau may establish, with the consent of the Budget Agency, child support enforcement revolving funds for the deposit of child support money collected by the Bureau.

Monthly, the Bureau is to prepare a list of persons with a chid support obligation lien and provide the list to the Bureau of Motor Vehicles who

treats the lien as a lien against title of a vehicle.

Division of Mental Health and Addiction

The DMHA was referred to as the Division of Mental Health.

IC 12-21-1: The Division of Mental Health and Addiction (DMHA) applies its resources to ensure that Indiana citizens have access to appropriate mental health and addiction services that promote individual self-sufficiency.

DMHA is composed of a director, the Division of Mental Health and Addiction Advisory Council, and other personnel.

See P.L. 2 of 1992.

IC 12-21-5: DMHA adopts rules to establish and maintain criteria to determine patient eligibility and priority for publically supported mental health and addiction services. DMHA contracts with a network of managed care providers to provide a continuum of care in an appropriate setting, requires services providers funded directly by DMHA to be in good standing with the appropriate accrediting body, develops a provider profile, ensures compliance with all other performance criteria set forth in a provider contract, establishes a toll-free number for comments on services or service providers, and develops a confidential system to evaluate complaints and patient appeals. DMHA submits a biennial report to the Governor and Legislative Council evaluating the continuum of care. Every 4 years, DMHA conducts an actuarial analysis and annually determines rates to be paid for services with managed care providers. DMHA takes actions to assure the quality of services and incorporates results from the actuarial analysis to fulfill its responsibilities.

DMHA plans, researches, and develops programs and methods for educating and treating emotionally disturbed children, including coordination of governmental services and administration of state-supported services for these children. DMHA prepares an annual report required in IC 7.1-6-2-5.

No change

IC 12-22-1: DMHA may institute a Respite Care Program for mentally ill individuals.

No change

IC 12-22-2: DMHA plans, develops, and administers programs of community-based residential alternatives to placement in state institutions. If a superintendent of a state institution requests, DMHA determines if an individual being discharged from a state institution or placed on outpatient status should be given preference for placement in a community residence.

See P.L. 2 of 1992.

IC 12-22-4: DMHA may award grants to local units of government for establishing Dawn Projects.

See P.L. 2 of 1992.

IC 12-23-1: DMHA promotes unified programs for education and research, prevention and control, diagnosis, and treatment of substance and gambling abused.

DMHA assures compliance with state rules and federal regulations for

substance abuse services programs. DMHA approves and certifies facilities and services for the treatment, care, or rehabilitation of alcoholics, drug abusers, and compulsive gamblers. DMHA requires that certain public and private treatment facilities and services are certified.

DMHA makes agreements and contracts with other entities to effectuate addiction services and adopts rules to implement programs.

DMHA is the sole state authority for authorizing grants and review and approval of federal/local contracts or grants concerning alcoholism, compulsive gambling, or drug abuse prevention and treatment of addiction. DMHA is the sole state authority to disburse money for addiction services and treatment.

DMHA is the state authority primarily responsible for prevention, control, treatment and rehabilitation, education, research, and planning in the field of addiction. All other state and local agencies cooperate with DMHA to assist in the performance of DMHA's functions.

See P.L. 2 of 1992.

IC 12-23-2: The Addiction Services Fund receives deposits of excise taxes on alcoholic beverages and riverboat admissions. The Fund provides programs for prevention services and intervention and treatment for those dependent on alcohol or other drugs, and for the prevention and treatment of gambling.

See P.L. 2 of 1992.

IC 12-23-7 and IC 12-23-8: At the request of the court, DMHA examines felony offenders who request to undergo treatment, reports to the courts the results of the examination, and recommends if an individual should be placed under supervision for treatment. The individual may be placed under the supervision of the DMHA for treatment if DMHA accepts the individual for treatment.

See P.L. 2 of 1992.

IC 12-23-16: DMHA may provide for the promotion, establishment, coordination, and conduct of unified local programs for prevention, diagnosis, treatment, and rehabilitation for drug abuse including surveying and analyzing the state's needs and formulating a comprehensive plan. DMHA may establish drug abuse treatment and rehabilitation units necessary for the control and prevention of drug abuse.

See P.L. 2 of 1992.

IC 12-23-17: DMHA administers and operates a state institution for the purpose of observing, diagnosing, and treating alcohol or alcohol abusers.

See P.L. 2 of 1992.

IC 12-23-18: The Methadone Diversion Control and Oversight Program expires on June 30, 2008.

DMHA adopts rules to establish and administer a methadone diversion control and oversight program.

Methadone providers submit a diversion control plan to DMHA, and DMHA reviews and approves or denies plans. DMHA collects fees from methadone providers for each nonresident patient treated and deposits

the fee in the Methadone Diversion and Oversight Program Fund. The Fund is administered by DMHA to identify individuals who divert controlled substances from legitimate treatment and terminate these individuals from methadone programs.

Powers of the DMHA Director

See P.L. 2 of 1992.

IC 12-21-2: The director organizes the division, and subject to approval, establishes qualifications and compensation for all deputy directors, assistant directors, bureau heads, and superintendents. The director studies the entire problem of mental health, mental illness, and addiction in Indiana. The director adopts rules for standards of operations for licensed private mental health institutions, licensing supervised group living facilities, certifying community residential programs and community mental health centers, and for establishing exclusive geographic primary service areas for community mental health centers.

In conjunction with an accredited college or university, the director institutes programs for the instruction of students of mental health and other related occupations. The director develops programs to educate the public and makes the facilities of the Larue D. Carter Memorial Hospital available for student instruction.

The director institutes a stipend program to improve the quality and quantity of staff that state institutions employ. The director establishes, supervises, and conducts community programs for the diagnosis, treatment, and prevention of psychiatric disorders. The Director establishes, maintains, and reallocates long-term care service settings and state operated long-term care inpatient beds.

The director compiles information and statistics concerning program or service recipients and establishes standards for each element of the continuum of care for community mental health centers and managed care providers. The director adopts rules concerning the records and data to be kept concerning individuals admitted to state institutions, community mental health centers, or managed care providers.

The director may enter into contracts for the disbursal of money and the provision of services.

The director, deputy directors, DMHA bureau heads, and superintendents of state institutions may administer oaths, take depositions, and certify to official acts.

See P.L. 2 of 1992.

IC 12-23-16: The director, in accordance with sound medical and psychiatric knowledge, may determine what symptoms and conditions must exist to say that an individual abuses drugs for purposes of the Program on Drug Abuse.

Administrative control over other state owned and operated mental health

IC 12-24-1: The DMHA director has administrative control and responsibility for Central State Hospital, Evansville State Hospital, Evansville State Psychiatric Treatment Center for Children, Larue D.

institutions is new.

Carter Memorial Hospital, Logansport State Hospital, Madison State Hospital, Richmond State Hospital, and other state-owned or -operated mental health institutions.

The Director produces a semiannual statistical report for each state institution under the director's control.

No change

IC 12-24-2: Subject to the approval of the Governor, the director appoints the superintendent of a state institution who is administratively responsible to the director.

See P.L. 2 of 1992.

IC 12-25-1: The director issues licenses for persons to establish, conduct, operate, or maintain private institutions for the treatment and care of individuals with psychiatric disorders, developmental disabilities, and for the care and treatment provided. The director issues licenses or conducts hearings on applications and investigates to determine if the license should be issued.

See P.L. 2 of 1992.

IC 12-25-2: The director may suspend or revoke a license after filing a complaint and holding a hearing.

DMHA Bureaus

See P.L. 2 of 1992.

IC 12-22-3: Children's Mental Health Bureau develops a definition and criteria for emotional disturbance and serious emotional disturbance and assesses current and projected needs for emotionally disturbed children and youth. The Bureau develops an annual plan for children's mental health services and the budget for the bureau. The Bureau develops and coordinates programs and services for prevention and family support and provides technical assistance and oversight of children's mental health programs and services. The Bureau coordinates with other bureaus of the division and maintains sufficient staff to carry out its duties.

See P.L. 2 of 1992.

IC 12-23-1: The Bureau of Addiction Services promotes unified programs for education and research, prevention and control, diagnosis, and treatment of substance and gambling abuse based on comprehensive plans developed by the division. The Bureau assures compliance with state rules and federal regulations for substance abuse services programs and revoking authorization of the programs upon a determination that the programs do not comply with the rules and regulations. The Bureau makes agreements and contracts with other state departments, authorities, or agencies of the state; other states; the federal government; state or private universities; or public or private agencies.

The Bureau, directly or by contract, approves and certifies facilities and services for the treatment, care, or rehabilitation of alcoholics, drug abusers, and compulsive gamblers. It requires that public and private treatment facilities be certified. The Bureau maintains a toll-free telephone line that the public may use to obtain counseling and information about programs.

DDARS and DMHA Institutions

6 - No change
7 - See P.L. 2 of 1992.
8 - Added by P.L.110 of 1997.

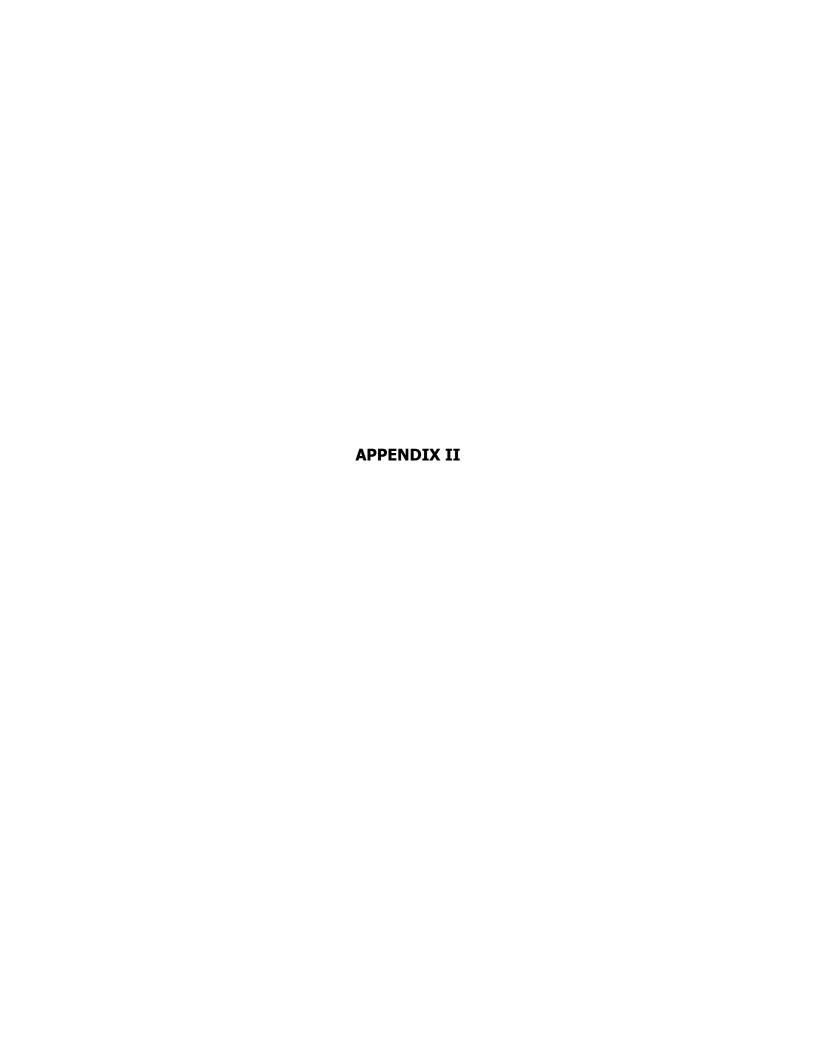
IC 12-24-2-6 through 12-24-2-8: State institution superintendents furnish bonds and may administer oaths, take depositions, and certify to official acts. The superintendent regulates smoking within the institution.

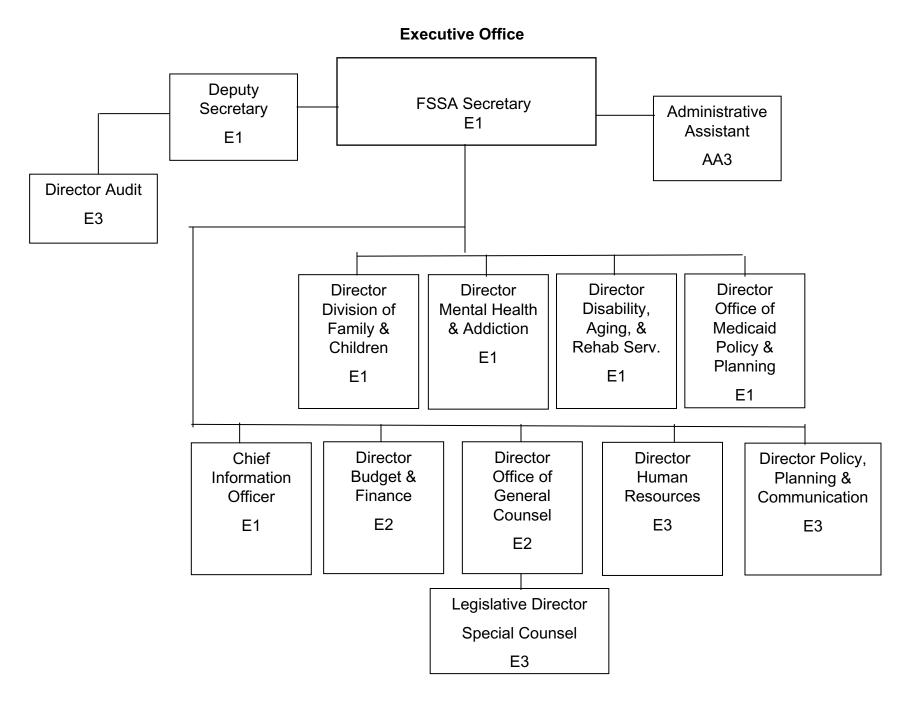
No change IC 12-24-4: Subject to the approval of the director, the superintendent

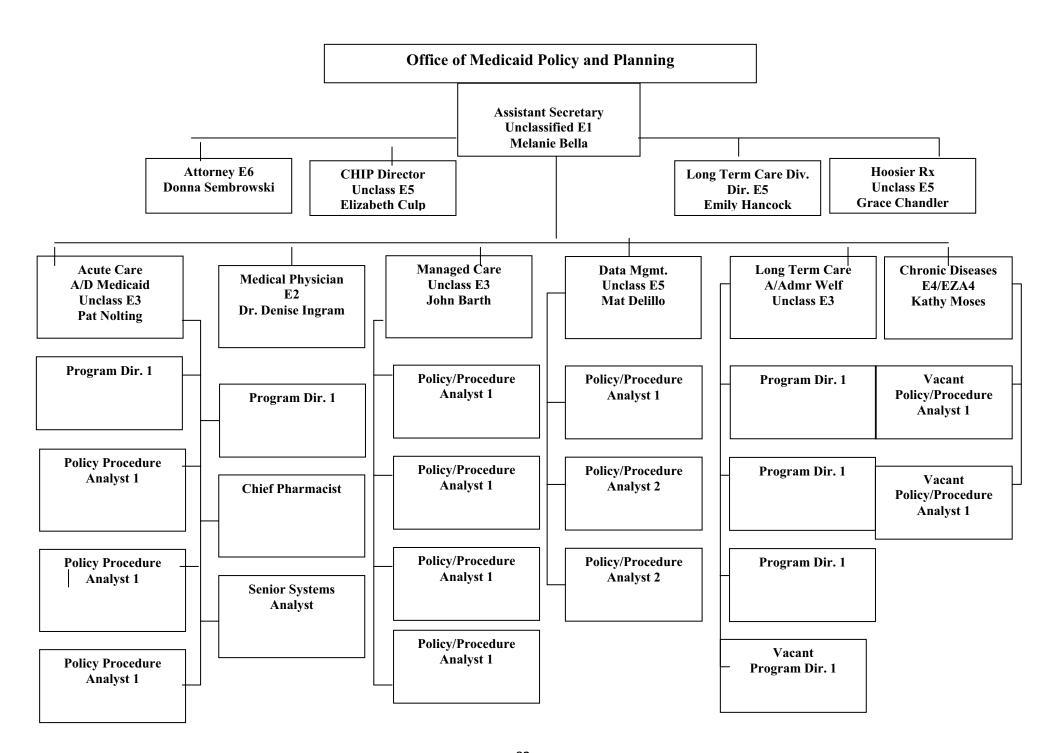
may appoint security officers.

No change IC 12-24-6: The superintendent indicates the clothing needs of the

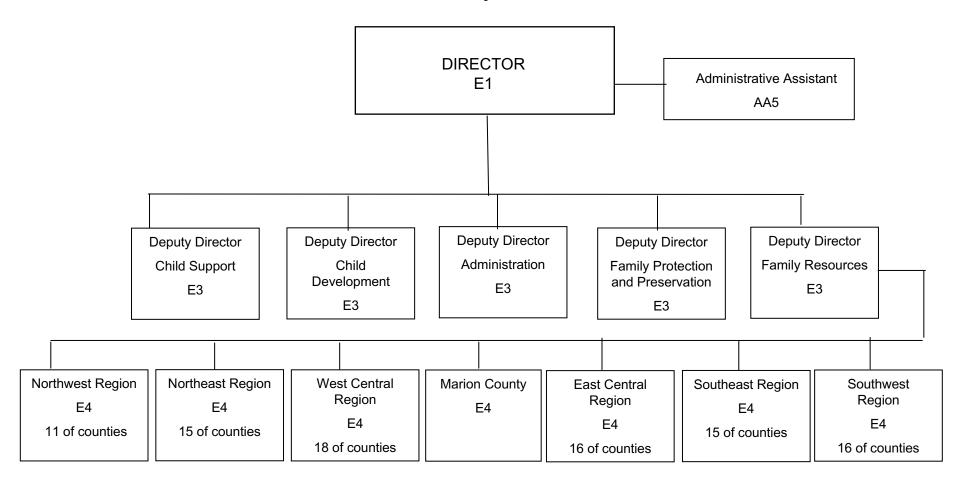
patient in a requisition.



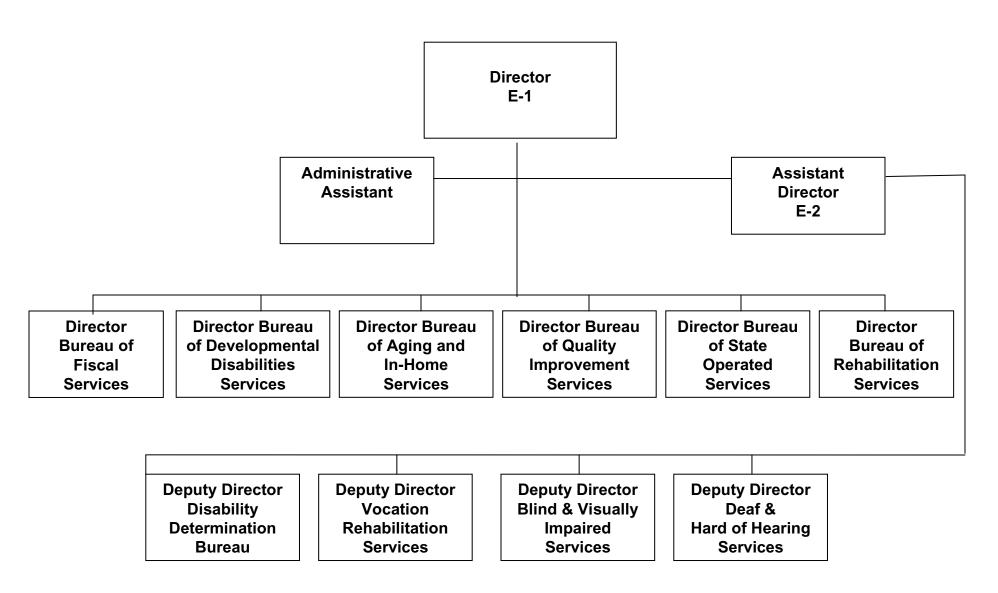


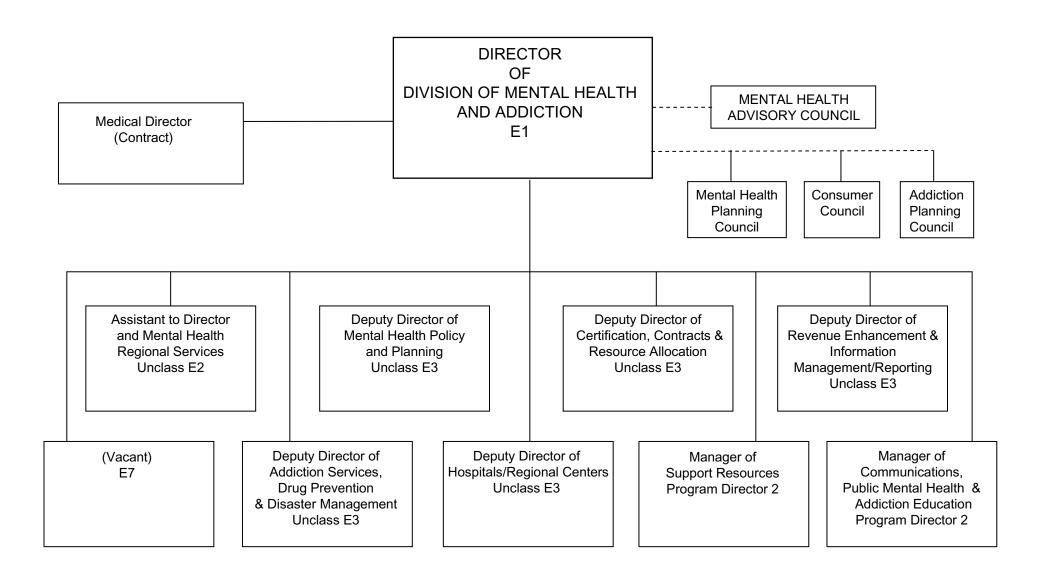


Division of Family and Children



Division of Disability, Aging and Rehabilitative Services Central Office





7-6-04



Question 1. Which division(s) do you most frequently contact?

Question 2. In which division(s) are the programs and services you access located?

	Que	stion 1	Que	stion 2
Division(s)	Number	Percent	Number	Percent
DDARS	12	11.66%	10	9.71%
DFC	48	46.61%	43	41.75%
DMHA	13	12.62%	9	8.74%
OMPP	1	0.97%	1	0.97%
Office of the Secretary	1	0.97%	1	0.97%
DDARS and OMPP	4	3.88%	6	5.83%
DDARS, OMPP, and Office of the Secretary	1	0.97%	1	0.97%
DFC and DDARS	6	5.83%	2	1.94%
DFC, DDARS, and OMPP	5	4.85%	9	8.74%
DFC and OMPP	1	0.97%	0	0.00%
DFC and Office of the Secretary	1	0.97%	1	0.97%
DMHA, DDARS, and OMPP	1	0.97%	1	0.97%
DMHA and DFC	2	1.94%	4	3.88%
DMHA, DFC, and DDARS	1	0.97%	2	1.94%
DMHA, DFC, and OMPP	2	1.94%	3	2.91%
DMHA, DFC, OMPP, and Office of the Secretary	0	0.00	1	0.97%
DMHA and OMPP	1	0.97%	2	1.94%
Other	3	2.91%	7	6.80%
Total	103	100.00%	103	100.00%

Question 3. Where is your most frequent contact with FSSA (choose one)?

County	State	Institution	Nonprofit	Selected Two	Total
30	64	0	4	5	103
29.13%	62.14%	0.00%	3.88%	4.85%	100.00%

Question 4. There is sufficient access to information about programs and services.

Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	No Answer	Total
32.04%	36.89%	8.74%	13.59%	7.77%	0.97%	100.00%

Comments corresponding to **somewhat agree**:

- 1. There is sometime confusion about eligibility for programs.
- 2. Too many ongoing changes.

Comments corresponding to **agree**:

- 1. Email communication from FSSA is great. Speeds up communications and responses. Very helpful.
- 2. DMHA makes a lot of effort to communicate regularly.

Question 5. Information provided by FSSA is useful to me in my daily work.

Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Don't Know	Total
46.60%	33.98%	6.80%	7.77%	3.88%	0.97%	100.0%

Comments corresponding to **agree**:

- 1. The communication from DDARS, OMPP and the DFC divisions is very good.
- 2. We are a planning council, so this information is distributed to all organizations and individuals under the umbrella of Step Ahead

Comments corresponding to **somewhat agree**:

- 1. Too many on going changes
- 2. Provided I access someone who has an investment in providing accurate information.
- 3. FSSA is pretty good at getting information out.

- 4. Recent history is changes are made but information is not distributed in a timely manner or not distributed. An agency does not comply with an unknown change.
- 5. Some employees are very helpful; others delay their response or give vague answers.
- 6. Most recently, information is provided in a more open and timely manner.
- 7. Most of the information comes in the form of emails that [are] forwarded to SA coordinators.
- 8. Step Ahead office will send out FSSA memos with updates as to what is going on at the state level, this has been helpful.
- 9. Other than grant applications I do not use a lot of the information from the State. Because our funding has been cut so much we are not able to take advantage of many of the program opportunities which are available even if I receive the information.
- 10. The local is great to share information we need for referral purposes.

Question 6. Problems with programs and services get resolved.

Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Don't Know	Total
22.33%	33.01%	12.62%	11.65%	14.56%	5.83%	100.0%

Comments corresponding to **somewhat agree**:

- 1. DDARS yes; Medicaid not as confident that resolution will happen OMPP deflects a lot of things to EDS related to claims/payments EDS has no authority of its own and is not helpful to agencies with billing problems.
- 2. On some issues it takes an inordinate amount of time to get final resolution.
- 3. Sometimes takes a lot of time to resolve but this is more due to high caseloads then workers not wanting to help.
- 4. It may take months.
- 5. Problems are always heard. Not every problem has an answer DMHA can solve.
- 6. Generally staff are helpful. New director in South Bend has been excellent.

Comments corresponding to **agree**:

- 1. Sometimes it is slower than we would like, but they get the job done.
- 2. It just seems that there are no long range plans. Programs change from day to day and are implemented without being thought through.
- 3. Counties are given the responsibility to implement before guidelines are provided.

Question 7. Questions about programs and services get answered.

Agree	Somewhat Agree	Somewhat Disagree	Disagree	Total
38.83%	39.81%	13.59%	7.77%	100.0%

Comments corresponding to **somewhat agree**:

- 1. Not always timely.
- 2. At regional level response is prompt.
- 3. Depends on the issue.
- 4. Again, it depends on staffing.
- 5. I wish I could feel a number of hours but I cannot. Questions are not always answered in a timely way. I think the demands on one's time is so great within the agency.
- 6. DMHA gets answered more guickly and accurately. Medicaid does not.
- 7. Same as prior question agree with regards to DDARS; disagree on Medicaid OMPP can answer program questions but cannot answer issues re: Payment (or lack of) because EDS handles that EDS is not helpful to agencies trying to resolve billing issues.
- 8. Sometimes it can take days.
- 9. This depends on the individual being contacted. Some are better than others about getting back to you.
- 10. It depends on the circumstance. If they have the answer it can be answered immediately if not usually a few days.
- 11. The response time depends upon the questions asked. Would prefer more information on the availability of additional resources before information is shared.
- 12. As a Step Ahead Coordinator, I would like to call Indianapolis one time and find the person I need to speak to without having to wait until later in the day or the next day for an answer. BCD is the worst department about communicating with its counties.
- 13. Most of my questions are not urgent so this is not too much of a problem.
- 14. If the State Consultant is in the office, questions get answered quickly, if not, sometimes it can take days to get answers.
- 15. So, far I have not had a question to be answered.

Comments corresponding to **agree**:

- 1. This has gotten better the past two years.
- 2. Depends on the questions asked.
- 3. FSSA program staff are very knowledgeable and answer many questions on the spot. Larger issues seem to get bogged down in the system.
- 4. Varies on complexity of questions. More thought going in to answers.
- 5. E-mail response is usually 24 hours, phone is closer to 72.
- 6. DMHA personnel respond directly or get back to us as necessary in a timely fashion.
- 7. We usually receive an answer within one (1) business day.
- 8. I usually get a call back.
- 9. The difficulty is talking to the person who has the answer.
- 10. I can call OFC or e-mail and get an immediate response if needed.
- 11. It depends on when I leave a message; if it is at the end of the business day, answers to non-emergency questions are usually addressed no later than the next business day.

Question 8. When I have questions about a program that is administered by more than one division (such as a Medicaid question that involves both OMPP and DFC), I have to contact more than one division to receive an answer sufficient to complete my work.

Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Blank	Total
33.01%	25.24%	8.74%	5.83%	6.80%	20.39%	100.0%

Comments corresponding to **agree**:

- 1. Over last year have had to deal with both DFC and BDDS over the same funding conversion project, of which it was very evident the two departments did not sync at all. This resulted in a very frustrating and time consuming process for our staff.
- 2. You said it.
- 3. FSSA never had the resources to appropriately operate.
- 4. A fair amount of "buck passing" occurs.
- 5. Answers are frequently not forthcoming when multiple divisions' inputs are needed.
- 6. Even then, we are never sure if the auditors will agree with the responses provided.
- 7. Step Ahead at one time worked with the DFC and I would have to contact the State Step Ahead office and the people at DFC to get an answer to a question.
- 8. If problem is within FSSA systems, followup contacts are mandatory to ensure action promised by FSSA is actually completed.
- 9. This is sometimes very frustrating
- 10. I have been involved in events where one division points to the other division as the problem or the one that must answer the question. It is very frustrating and why management can not get a handle on the problem and get it resolved is unclear to the general public.
- 11. Medicaid is problematic-the regional consultant has many counties to deal with and it takes a while to get an answer.

Comments corresponding to **somewhat agree**:

- 1. Not necessarily a bad thing as few people are going to be experts on Medicaid as well as DDARS policies. I don't mind as long as someone will help us solve the problem or get an answer.
- 2. Cooperation between OMPP and DDARS has been excellent.
- 3. Interpretation of rules is rather ambiguous, depending upon who you ask.
- 4. Primary contacts within a division typically address issues, advise on other divisions, but are limited in authority to resolve problems across lines.
- 5. DMHA is usually very good about intervening with other agencies on our behalf.
- 6. Definitely! There seems to be no communication between the divisions.

Question 9. Having different regional administrative service areas for FSSA programs makes enrolling clients in various programs...

Easier	Some- what Easier	No Effect	Some- what Difficult	Difficult	Blank	Other	Total
6.80%	16.50%	24.27%	13.59%	26.21%	10.68%	1.94	100.0%

Comments corresponding to **difficult**:

- 1. For our county, local county enrollment sites are more user friendly and seem to be more accountable to our citizens than the regional system.
- 2. The geographic or regional areas do not always take into consideration where clients actually go to receive services, i.e. Howard County goes to Indianapolis to receive the majority of out-of-county services, but we were placed in a region that includes St. Joesph County.
- 3. Regionalization of Child Care Resource/Referral has created many difficulties for clients.
- 4. Once again, the divisions within the FSSA at the State level not only don't communicate well, they don't care about their own agency efforts. For example when you visit the FSSA home page the regional map is displayed with the purpose of streamlining decision-making. Regional managers from three divisions of the FSSA are authorized to discuss and resolved most issues from their regional area. The DFC decided that they did not like the Eight Region format FSSA designed and DFC continues to use the Six Region format they like. Why the Secretary of the FSSA tolerates this behavior can only be explained that she does not know, understands, or cares. But the message to county level communities is do as we say not as we do. We can do what we want. It is not right.
- 5. Divisions of FSSA do not use the same regional structures.
- 6. Have a very difficult time getting clients served by DDARS
- 7. With phone and email, geographic divisions serve essentially no purpose, beyond creating an additional source of variation and error.
- 8. The new regions for FSSA are most inappropriate. They create a situation where most providers must be involved in multiple regions if they are to respond to the needs of clients they currently serve.
- 9. Regionalizing programs makes it nearly impossible for people in most rural areas to access needed services-also makes communication much more difficult
- 10. For instance, someone living in Roachdale is 14 miles from Crawfordsville or 17 miles from Greencastle, but must travel to Terre Haute or Lafayette to sign up for services. Those living in rural counties are at a disadvantage.
- 11. The areas do not correspond with other FSSA and related state service areas. The regional areas are too large and not divided logically. Even within local offices it may be easier for a consumer to access a nearby office in another county or region than the one in their home county.
- 12. Rather than having the same regions, each division seems to have its own region. For example DMHA, DFC, and DDARS each have a different regional map. This is very problematic at a local level.
- 13. By county would be the best.

Question 10. Outside of funding restrictions, FSSA's organizational structure enhances the ability of clients to receive all of the services they qualify for.

Enhance	Some- what Enhance	Neutral	Some- what Lessen	Lessen	Blank	Other	Total
12.62%	27.18%	28.16%	20.39%	7.77%	2.91%	0.97%	100.0%

Comments corresponding to **neutral**:

- 1. Need more staff
- 2. Don't know enough to answer this
- 3. Waivers have created many new problems for some consumers.
- 4. Little participation by local offices
- 5. May actually lessen as instead of advocating with other divisions on behalf of our clients, there is a tendency to hand off the issue to the division in question. Creation of Mega-agency made the bureaucracy more impenetrable and rigid.
- 6. Has no effect.
- 7. The structure does not enhance receipt of services.
- 8. I don't see that it makes any real difference.
- 9. I do not enroll clients into programs.
- 10. The organizational structure between divisions appears more collaborative on a local level than on the state level among various division staff.
- 11. Efforts have been made at least at the local level.

Comments corresponding to **somewhat enhance**:

- 1. It should enhance so that personnel are not passing the buck to another agency, however there are no ombudsmen to make sure that the buck is not passed from one division to another.
- 2. This should be done better but I think this is from a lack of training of the workers.
- 3. Interdivision cooperation is noticeably improving during the past 12 months.
- 4. Without FSSA's structure, programs that we are involved in, like supported employment services and systems of care would not be possible.
- 5. There are problems if a person changes county-ie. Childcare voucher does not follow child. They need to start again on waiting list.

Question 11. Outside of funding restrictions, multi-problem or dually diagnosed clients have access to programs and services to address most of their needs.

Yes	No	Yes/No	Blank	Total
32.04%	53.40%	0.97%	13.59%	100.0%

Question 11a. If no, do you think that multi-problem or dually diagnosed clients would have better access to programs and services if the divisions of FSSA had better inter-agency communications?

Yes	No	Yes/No	Blank	Total
54.37%	2.91%	0.97%	41.75%	100.0%

Comments corresponding to a **no/yes** response:

- 1. Without a doubt.
- 2. No money, no mission, no services. Circular argument.
- 3. Communications is not the only barrier. The dually diagnosed (both mentally ill and developmentally disabled) face numerous barriers within the system that need to be addressed.
- 4. This has been an area of concern for many, many years in respect to DD persons. The Mental Health Division has never appropriately responded to the needs of DD persons in the 30 years I have been in my position. There is a need to develop these services and be under the direct supervision of DDARS.
- 5. However, for some the problem is federal regulations beyond FSSA's control.
- 6. People with Mental Illness in adddition to Developmental Disabilities have great difficulty [with] services for their Mental Illness
- 7. Absolutely.
- 8. Community Mental Health Centers need to be more flexible in working with this population.
- 9. Local Mental Health Association refuses to serve dually diagnosed. Very few providers in Southern Indiana willing to serve DD clients with mental illness. Better oversight of programs for dually diagnosed needed in Southern Indiana to ensure services provided to those in need.
- 10. These people in DD programs get nothing from the mental health centers.
- 11. Bridge the gap between divisions. DMHA and DDARS need to coordinate more effectively. Within BDDS and VR need to coordinate so more effective outcomes for community employment could be made.
- 12. Same comment as before.
- 13. It would require not only better communication, but also a willingness to work in a collaborative fashion.
- 14. Persons with the dual diagnosis of developmental disabilities and mental illness do not have access to mental health services given the current structure. Financial incentives or state mandates to the local mental health centers and psychiatric centers is a better option if we are to correct this situation and truly support people in the community. Inter-agency communication has not worked for 25 years, so I am not confident it will work now. Support, including financial, of

- local model projects is a better approach.
- 15. The restrictions of Health Insurance Portablility Act has made it much more difficult to coordinate not only case management effectively, but to obtain information (Medicaid Select Community Partners can't even get the list of the clients that they are supposed to serve as Community Partners)...what is wrong with this picture...very, very frustrating for those of us who are working in a very complicated system of services.
- 16. Any agency receiving state funds should be required to serve dually diagnosed clients.
- 17. Inter-agency communications is a very big problem for the areas I have contact with, sometimes, even within offices.

Question 12. Interactions among divisions affect the quality of services and programs...

Positively	Negatively	Blank	Other	Total
52.43%	25.24%	19.42%	2.91%	100.0%

Comments corresponding to **positively**:

- 1. Except dually diagnosed.
- 2. IF the divisions communicate effectively & interact. Sometimes they DON'T!
- 3. Slightly positive.
- 4. Standard rules would be helpful.
- 5. Generally.
- 6. When they interact!
- 7. The[y] must work together.
- 8. If done correctly.
- 9. Just needs to happen more.
- 10. Particularly helpful has been the good working relationship between OMPP and DMHA.
- 11. Suzanne Clifford does a terrific job of building collaborations with other FSSA divisions (and other state departments).
- 12. If individuals are willing to truly work creatively and collaboratively and not simply protect their fiefdoms.
- 13. It is important for divisions and various programs to interact.

Question 13. The requirements or guidelines for programs and services that I administer, or have contact with are...

Clear	Somewhat Clear	Somewhat Unclear	Unclear	Blank	Total
11.65%	50.49%	23.30%	9.71%	4.85%	100.0%

Comments corresponding to **somewhat clear**:

- 1. In the First Steps program there are many requirements and guidelines, but when you attend training, all that seems to be given is "philosophy" and not the "nuts and bolts" of the position (Intake and On-going Service Coordination). The guidelines/requirements seem to be made up as questions/problems arise.
- 2. Depends on the program; also turnover in staff has affected information flow.
- 3. Only because Step Ahead Council's don't have anything to administer other than our basic operation contract.
- 4. DMHA is doing a much better job under new leadership.
- 5. Sometimes we are told things but then can not get them in writing.
- 6. See comment re: changes in policy and procedures.
- 7. It has changed drastically during the past 3 years.
- 8. There can be uncertainity and compliance questions about new services and initiatives
- 9. DDARS does a well in this; DFC's Bureau of Child Development First Steps is rated a "D".
- 10. Change[s] continuously. Appears state is reactive and in a panic regarding DOJ and budget programs.

Question 14. FSSA provides information explaining changes in program policies and procedures to clients

Agree	Some- what Agree	Neutral	Some- what Disagree	Disagree	Don't Know	Blank	Total
17.48%	17.48%	10.68%	28.16%	11.65%	13.59%	0.97%	100.0%

Comments corresponding to **somewhat disagree**:

- 1. They do not always make the changes clear and easy to understand.
- 2. We have had a poor system of communication for program changes. We get emails but no official communication to valid the consultants information. Many times the consultants are not correct in their interpretation so the official notice is vital.
- 3. With cost containment, providers were expected to distribute state's memo.
- 4. It is usually left up to the service providers to explain things to the clients.
- 5. Rules and policies change too much to allow most consumers to digest multiple changes.
- 6. The method of providing information through the use of a Internet website is not adequate enough to explain changes in program policies and procedures to all clients.
- 7. FSSA is good at explaining changes to us or providers and then it is the providers or advocacy

- group that informs and explains to families.
- 8. Individual agencies do some change info very well.
- 9. FSSA doesn't directly communicate with our consumers & there is no real mechanism for that to happen.

Question 15. FSSA provides information explaining changes in program policies and procedures to program providers

Agree	Some- what Agree	Neutral	Some- what Disagree	Disagree	Don't Know	Blank	Total
24.27%	30.10%	11.65%	18.45%	8.74%	5.83%	0.97%	100.0%

Comments corresponding to **somewhat agree**:

- 1. Improving, working with providers to discuss the development of some policies and procedures.
- 2. Local OFC is good about explaining changes to Step Ahead Council.
- 3. Changes are sometimes announced at meetings rather than distributed by mail.
- 4. Timeliness and inquiry responsiveness are areas for improvement in some departments.
- 5. Again, we're informed of changes right before they happen or into the change. Front line staff then suffer due to client complaint. This adds to turnover among employees at social service agencies.
- 6. Except the DFC Bureau of Child Development First Steps rates an "E".
- 7. Usually after the fact without getting enough feedback from Step Ahead Councils.
- 8. Always room to improve but overall do a lot of communication.

Comments corresponding to agree:

- 1. DMHA does.
- 2. BDDS has had too many changes.
- 3. Frequently retroactive; does not always follow promulgation procedures.

Question 16. If the State Department of Health and the four divisions of FSSA were part of the same agency, programs and services provided by FSSA would...

Improve	Somewhat Improve	No Change	Somewhat Diminish	Diminish	Blank	Total
13.59%	16.50%	20.39%	10.68%	24.27%	14.56%	100.0%

Comments corresponding to **diminish**:

- 1. This would be the most catastrophic move ever made. There would be complete destruction of the Social Services delivery system.
- 2. Large organizations tend to be less effective.
- 3. Would create more bureaucracy.
- 4. Quality Improvement and CRF/DD services from ISDH to FSSA may work but moving the entire ISDH would exacerbate the situation.
- 5. Programs within the FSSA are not coordinated, and communication between agencies is not a priority, so including another agency without first streamlining current programs, would not be in the best interest of clients.

Comments corresponding to **no change**:

- 1. No existing program that I am aware of.
- 2. Could be better integration of mental health with primary health care.
- 3. Nothing improves simply because of the structure. If the Governor sets the expectation of coordination and cooperation and then demands accountability, it will occur independently of structure!

Question 17. Does FSSA have a sufficient system or method to report a serious problem or illegal activity such as theft, skimming, bribery, etc?

Yes	No	Blank	Total
38.83%	34.95%	26.21%	100.0%

Comments corresponding to **yes**:

- 1. Systems and methods are in place for contractors but must be implemented both internally and externally.
- 2. Your ethics program is good.
- 3. Reporting and doing something about it is two different things.
- 4. There's always room for improvement.
- 5. With respect to Community Mental Health Centers, there are redundant accountability systems in place.
- 6. I was involved with the Daybreak mess. Why was the situation not addressed when discovered and why did the rules change after discover?

- 7. From the perspective of the provider, yes. We are under multiple microscopes. Perhaps not at the state agency level.
- 8. System must be followed and monitored by supervisors, auditors must be knowledgeable of programs and procedures.
- 9. No system is perfect need to balance cost versus benefit. Maybe a better published hotline for tips would be of some benefit.
- 10. But nothing is done about it.

Question 18. Does FSSA have a sufficient system or method to report a minor problem such as duplication, inefficiency, etc?

Yes	No	Blank	Total
28.16%	52.43%	19.42%	100.0%

Comments corresponding to **no**:

- 1. Not particularly responsive to local concerns.
- 2. Technological advances (and training on those systems) that could help FSSA are not a priority area of investment.
- 3. Foe example, the issue of certification/accreditation and the heavy overlap of these mandates and the inability(or better yet, the desire to) to coordinate to make systems more efficient.
- 4. There is not always a formal process that allows a person to follow the status of a report, too often the problem is sent back down to the person who was responsible for creating the problem.
- 5. I am unaware of there being any system for the reporting of minor problems.
- 6. May have a system but duplication of process is rampant
- 7. When reports are made they are many times ignored for months.
- 8. I don't know for sure, but doubt it.
- 9. Unsure among FSSA staff or provider agencies?
- 10. I do not think that a complaint of this nature would [get] much, if any attention.
- 11. Department heads (most) encourage suggestions from contractors but they seem to have decision-making barriers at state level.
- 12. I am not aware of any system. DMHA does listen to issues and tries to improve.
- 13. It is difficult to know who to contact for what problem.
- 14. Used to in the early 1990's.
- 15. It may be reported, but nothing happens.

Question 19. Federal changes in programs and services are quickly integrated into state-level programs by FSSA.

Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Blank	Total
12.62%	34.95%	24.27%	15.53%	7.77%	4.85%	100.0%

Comments corresponding to **somewhat agree**:

- to the negative! Changes should be discussed with contractors prior to implementing changes. Some time the best answers are in the field not at FSSA.
- 2. More coordination and training is often necessary.
- 3. Habit of notifying providers retroactively.

Comments corresponding to **neutral**:

- 1. Not sure.
- 2. Not sure
- 3. Communication is so poor that one doesn't know if the changes are coming from the Feds or from the State.
- 4. Sometimes too fast and changes later embarrass state officials.
- 5. I don't know what changes are federal driven as I said the communication has not been good.

Question 20. Computer systems at FSSA make applying for programs and services...

Easier	More Difficult	No Effect	Blank	Other	Total
36.89%	24.27%	22.33%	15.53%	0.97%	100.0%

Question 20a. If a client transfers from another provider, are computerized records about the client available?

Yes	No	Yes/No	Blank	Total
22.33%	42.72%	0.97%	33.98%	100.0%

Question 20b. If a client transfers from another geographic area, are computerized records about the client available?

Yes	No	Yes/No	Blank	Total
20.39%	44.66%	0.97%	33.98%	100.0%

Comments corresponding to **easier**:

- 1. Don't know
- 2. I don't know enough about direct client information
- 3. Sometimes! Many times transfers are not timely.
- 4. HIPPA regulations affect transfer of info until client authorizes.
- 5. Programs should cross county lines ie. childcare voucher.
- 6. For 20 better than before they had them. For 20a and b no experience in this area
- 7. Not sure
- 8. Not applicable to me.
- 9. Computer systems are duplicative and not integrated.
- 10. This is not an FSSA issue. As a health care provider, records about consumer care are not in the state's hands, and shouldn't be.
- 11. Living in a border area with Ky...I would have to say no regarding interstate transfers.

Question 21. Programs and services offered by FSSA would improve, if the divisions...

Aligned	Separate	No Change	No Affect	Blank	Other	Total
55.34%	19.42%	6.80%	6.80%	10.68%	0.97%	100.0%

Comments corresponding to **aligned**:

- 1. Programs and Services would improve if Aging and In-Home Services was a division.
- 2. Not because of the formation but due to the communication and input aspect.
- 3. Each division needs strong leadership and better communication between divisions.
- 4. There needs to be better communication between departments.
- 5. They need to be more closely aligned and mental health needs to support dually diagnosed in other settings than a mental health center.
- 6. I am not sure the alignment is the issue. It is based on communication which is sorely lacking at times. In addition, when state employees don't get raises for years at a time, their morale and productivity is lacking. I question why any one would want to work for the state.
- 7. DDARS is the most difficult to work with, which impacts mental health providers ability to interact with vocational rehabilitation.
- 8. There does not appear to be fewer funding silos than before FSSA was created.
- 9. The divisions do not appear to have any significant connectivity to one another.
- 10. The original concept for FSSA works, but unfortunately there isn't anything in place to act as a watchdog to maintain the integrity of the system. It relies too often on whether or not the new

- leaders are willing to "buy into the process".
- 11. ...and had consistent leadership.
- 12. There needs to be more communication among/between divisions and with Step Ahead Coordinators. BCD, especially, needs to communicate with Step Ahead much better than they have in the last few years. Step Ahead Councils are actively involved in child care issues, but BCD often leaves us out of the loop (i.e. ICCF funding notifications do not go to Step Ahead Coordinators).
- 13. Continual collaboration at local and state levels across agencies is important.
- 14. Goals of each need to more clearly defined and stuck to.
- 15. If the State actually listened to their local office representatives and sought their input.
- 16. The divisions need to communicate with each other.
- 17. One example, if the income guidelines were the same for all of the State programs, it would make it easier for families to apply and qualify for programs; if you qualify for one, you should qualify for another instead of being \$2.00 over the guideline.
- 18. More natural client connections should be fostered within the divisions

Question 22. I think FSSA in its current formation provides programs and services efficiently and effectively.

Agree	Some- what Agree	Neutral	Some- what Disagree	Disagree	Don't Know	None	Other	Total
6.80%	27.18%	16.50%	24.27%	17.48%	2.91%	2.91%	1.94%	100.00%

Comments corresponding to **somewhat agree**:

- 1. BDDS is the only division that could be more efficient and effective; constant leadership change at the state level is detrimental to stable organization.
- 2. Better than 5 years ago -- still a ways to go!
- 3. There is always room for improvement, but change for change sake" is not always the answer to efficiency and productivity on behalf of the ever growing vulnerable client community."
- 4. Although the changes being made to First Steps will not turn out to be positive ones.

Comments corresponding to **somewhat disagree**:

- 1. It is very difficult to effect necessary change and to get answers to some questions.
- 2. Continuing issues efficiency and effectiveness are staffing, training (qualifications) and communications.
- 3. If one division saves money for a program and another division spends too much, the division saving for a particular program is penalized. Also there is a lot of property owned by the state, around the state hospitals that could be making money but there is no incentive at the state hospital staff to rent or do something with the property. As I understand, any money taken in does not go back to the hospital, it goes to the general fund. Incentives work! Why not try them?
- 4. Divisions at the state level need to be more closely aligned. Providing services through Area Agencies on Aging & Community Action regions works.
- 5. quality of staff needs to improve which means higher salaries
- 6. Once again, the positives are based on the quality of the staff working at a particular time. A well ran department can quickly go down hill when staff changes occur, and in all fairness the opposite has also happened. Too often clients are told to contact a particular person if they want

- the best service.
- 7. There are too many divisions too much competition between staff; the FSSA has taken many things back and in-house or regionalizing. This is not working and seems to be a failure that we'll all have to deal with in the future.
- 8. Seen negative changes locally in provision of services to First Steps and Child Care programs

Question 23. Programs and services offered by FSSA would improve, if the Secretary...

More Direct	Less Direct	No Change	No Connection	Blank	Other	Total
17.48%	11.65%	33.01%	14.56%	21.36%	1.94%	100.0%

Comments corresponding to **no change**:

- 1. The level of involvement seems to change secretary to secretary. The way FSSA was intended -- Having strong division heads with the Secretary acting as the Coordinator to make sure that the Division heads were working well and efficiently seems to be best.
- 2. Difficulty for me to assess whether the Secretary has the real authority to affect programs and services due to law and regulations.
- 3. Needs to be aware of what is happening and demand excellence and ethics from all county offices.
- 4. Depending on the flexibility of the Secretary to respond to locally identified needs...there seems to be nominal ways only to address needs locally identified in a flexible way.
- 5. Structure is not really the issue. It is of greater importance that those in key management positions reflect the Secretary's goals to further the mission of FSSA to provide the highest level of service to the citizens of Indiana. A system that encourages and rewards state staff that exceed established performance goals is important.

Question 24. How would you organize human service programs and services at the state level?

- 1. Please understand that rural counties operate differently than urban or metro areas. Transportation, access to services and the coordination of those services are very problematic due to the locale. Coordination of all services should be based on the family unit. A typical family has too many agency people to meet with such as: child protection case worker, food stamp/TANF, IMPACT, in-home case manager, supervised visits, possibly a CASA, Healthy Families or First Steps, probably a therapist for the adults and maybe the children, parenting classes, urine drug screens, IOP, housing personnel, court personnel, school personnel for each child; they may have to complete all these requirements with no car, car or driver's license or insurance; no public transportation, no phone, no baby sitter, and no support network.
- 2.
- 3. Decentralize FSSA and create smaller agencies.
- 4. I think the concept of FSSA as an organization is good. Theory is that divisions within one group would communicate. However, I don't see that happening. More communication among divisions would greatly enhance the Step Ahead process, and I would assume, the provision of FSSA services throughout the state.
- 5. Hire qualified people not temps.

- 6. I think that integrating the State Department Of Health into FSSA would be a positive change. In our county, we do a lot of work with this agency and collaborate our efforts. It is imperative that we receive update and current grant opportunities and needs assessments to make our programs a success!
- 7. I would have more county input. It is OK to have regional consultants, but they should tie in to local planning councils such as Step Ahead. Rural counties do not trust regional service providers who are several counties away and hold coordinating meetings out of county. Services are lost to communities that have worked hard to pull things together locally. Several cases of taking things out of our hands to the detriment of the consumers. Good service depends on relationships between state and local provider and provider systems. FSSA has stopped listening and is mandating top down directives. Should set policy and leave it up to local.
- 8. As suggested above, I think person to person involvement is critical along with managers that understand and can motivate and inspire those under them. Phyllis Kikendall at Healthy Families is one example of positive and involved leadership. I am sure that vast number of programs and employees makes this a challenge. Peg Smith (early days of Step Ahead) and Maureen Greer? (early days of First Steps) also seemed to be effective with this style of leadership.
- 9. It is not an organizational issue. It is related to manpower and too much turnover at the leadership level.
- 10. Keep the same structure as is now and get advice from the key architect of the creation of FSSA to relate the how to make the agency function as it was supposed to function. The biggest challenge is to be willing to listen to an expert like this. And, he is available at no charge !!
- 11. I would first review the ideals of the current system and determine whether or not they still apply. The review would also include information already gathered from clients, providers, local partners, and staff on program quality. 2nd, I would determine whether or not the current system needs to be revitalized or a new system needs to be developed. 3rd, whatever the system structure is, it will have an element added to maintain the integrity of the system.
- 12. I like what we have. Better internal communication between agencies would improve services. Also, further development of computer programs would also be helpful.
- 13. I would like to see them truly unified, under a single head, with significant collaboration and a greater capacity to blend funding in order to meet client need.
- 14. State staff should be held accountable for the quality and quantity of their work.
- 15. Closely align the needs with the appropriate services.
- 16. Have separate departments with heads having more control and decision-making ability.
- 17. I would have separate depts of MH/MR Vocational Rehab and Welfare. I would suggest that the Governor have a staff member to promote cooperation between those departments and the state board of health.
- 18. I don't know enough about the organization of FSSA at the State level to comment on this. I coordinate both the First Steps and Step Ahead programs in Fayette County. They are both programs for children and family yet there is no communication between the programs at State level. Changes are made in the programs frequently without prior notice or gathering of information from the counties. It just seems very disorganized.
- 19. Personal opinion FSSA is too big as an agency.
- 20. Have a minimum staff to administer federal/state effort and pass the authority and responsibility for programs and services to the local level, county is the best, but regional if it is the only option. The local level continues to be in the best position knows the needs and to apply various program and service resources to meet those needs.
- 21. The current structure can work, however, it would be helpful to have a single entry point (person or office) that can assist one with information for problem resolution across Divisions and Functions. Decentralized service delivery through Regional/Area Providers should be maintained.
- 22. I think the mega agency structure is not working, however, I believe there needs to be better communication among the state agencies. We deal with both FSSA and ISDH. they need to talk more to improve the services needed for clients. I am not sure that the high level employees

know enough about the services already being offered in the state. Do the secretary and the State Health Commissioner meet along with their deputies and associate directors to work on state issues together????

- 23. I believe all divisions should work cooperatively to better serve the consumer.
- 24. No comment at this time.
- 25. Bureau of Aging and In-Home Services should be a division of its own and not under DDARS. The aging population is the largest served yet deleted lower than others. Aging reported directly to the Governor when the network was established and this worked well. The FSSA organiztion lost respect from elders in the bureaucratic process. Let elders in Indiana know they are valued by establishing a Division on Aging and In-Home Services. I would delegate authority to the regional and local agencies and reduce the number of state staff. 13,000 is too many for efficiency and effective service and program provision.
- 26. Separate the divisions into smaller agencies where the programs interests and funding streams are compatible. Currently, the same secretary is over everything from weatherization to Medicaid. It is just too diverse and everyone loses in the end.
- 27. Most of the functions of FSSA could be automated. A virtual system could be constructed to facilitate matching services, payment sources and needs of clients who present to assessment centers in the local community. Knowledgeable case managers would be empowered to assist empowered clients to shop for the remedies that would assist them to meet their needs. Profiles would be developed to control the allocation of resources/remedies. Clients are less likely to choose expensive remedies that limit their freedom of movement and choice than are providers who benefit from more expensive remedies. Appropriate safeguards would be developed to allow for overrides when needed. FSSA would be transformed into a system of knowledgeable experts who facilitate the execution and fulfillment of client decision-making.
- 28. I would set the standards and computerized entry the state level, but allow the counties to respond in their own way based on local needs and services available.
- 29. The separation between FSSA and the Department of Health is essential to the quality of services received by the elderly in Indiana. The agency's greatest failures, from our members' perspective, are the inability to adequately provide prescription drug assistance and the failure to provide home and community based services. These failures are a function of 1) a lack of adequate state funding, and 2) an institutional resistance to creative structural and funding solutions. They are not, in my opinion, a function of the structural organization of FSSA.
- 30. Look at efficient operations in other states and propose models for how FSSA could be changed. Also need some stability in administration turnover is so frequent within BDDS and related areas (DDARS, OMPP, etc) that they are continually unstable, plus ea. new admin. makes massive reorganizational or policy decisions, often at early stage of learning curve, then leaves, and the cycle continues. Serious impact on services at front lines.
- 31. I think FSSA is too big and hard too manage. Look at how often turn-over has occurred in the Secretary's office in the last 5 years. I wouldn't want the job.
- 32. 1. Have all regional or geographic areas be consistent across all programs. Attempt to have them make sense in terms of communicating patterns, driving times, phone services etc. Ask the local residents for their input and not just look at a map in Indianapolis. 2. Cross departmental communications are vital. One department not knowing what the other is doing is currently the norm, not the exception. Again I reference back to the Indiana Collaboration Project's goals. 3. Require State agency representatives to spend time in the field, observing the programs they oversee and getting to know the local staff. This can only build a better understanding between the State and local program operators and encourage better program coordination. 4. Separate health and mental health related services from social services addressing employment, training, child care, housing and related services.
- 33.
- 34. Although I have worked within the CMHC system for many years, I have only recently become the CEO of a Center and I don't feel as though I can answer this.

- 35. We do not advocate for a change in structure. Much of today's problems goes back to the training and technology never being implemented like originally intended and set out. FSSA is currently under-staffed in many critical areas and that will fail any service delivery system. There seems to be so many meetings for key folks that there is not time for them to do their real work and that leads to a lot of hours which leads to exhaustion which leads to turnover.
- 36. Contractors encounter daily need to have timely responses from state program heads to answer program-specific (eligibility) questions. Responsiveness is crucial to deliver quality customer service at local level. Any reorganization needs to consider timely responsiveness to local level in the design. Perhaps each FSSA division needs to authorize its department head (and assistant) to make those timely responses. Hold department heads accountable for those decisions after legal, financial, etc training.
- 37. DDARS and DMHA need to be combined and integrated into the State Health program. DOE and Juvenile Justice MH and SA programs need to be closely coordinated with DMHA efforts. Some Voc Reh money needs to be placed in the DMHA budget to support the MH/SA clients. FSSA/OMPP needs to remember that we are doing social programs with medical model dollars which creates several issues.
- 38. The real issue is executive leadership starting with the Governor's office. The various state agency heads really ought to be a form of cabinet meeting frequently with the Governor and/or a chief of staff. Then each agency head needs to be empowered to manage (assuming they have the necessary skills). Most issues transcend a single agency and require a systems approach i.e. collaboration among the agencies-not open hostility and competition. Funding also needs to be less categorical and more blended. FSSA is such a large, unwieldy, slow to act bureaucracy that it should be dismantled.
- 39. The system is very bureaucratic and data intensive in an apparent attempt to provide the State with coverage from risks. It would much more effective to set up appropriate systems, which, if violated would punish the violators, not the whole system. The weight of the administrative burden seems to outweigh the potential benefit. A much greater focus on customer service and access is needed.
- 40. Give the various departments the responsibility and authority to carry out their responsibilities and then hold them accountable. Now there is too much buck passing and back-biting. A separate division on aging accountable directly to the Secretary, would significantly enhance service delivery for Indiana's ever-growing aging population.
- 41. Take politics out of it.
- 42. I wouldn't--I'd get an outside, neutral consultant whose recommendations would be considered in spite of whatever politics or egos were involved.
- 43. Dismantle DOH and put human services into a human service agency. Create a funding entity and locate Medicaid staff directly in each appropriate division. Create a division on aging that would include home and community based services as well as long term care facilities.
- 44. I think the concept of FSSA is good however they are collocated but not integrated. They are all in one building but that is where the merger ends. I cannot see evidence of how they cooperate in any way.
- 45. I honestly would desire no part of this question.
- 46. I would have regional centers. I would establish areas similar to Department of Commerce or IHFA regions. Funding and staff would be regionalized. Regionalization would move staff closer to the consumer and would mean remove the burden on each county having to replicate all the different services entailed with providing a social safety net. Each county would have a front door (or several front doors) to services but not every county would have to have an emergency shelter or overnight facility for youth. Give me a call if you want to talk more.
- 47. I still believe in local control and input. The shift to make services regional is not meeting the needs of the consumer.
- 48. ????????
- 49. It would take at least a year of study to see how human services programs and services should

- be organized. Perhaps I should have chosen this for my business research project for my bachelor's Excel program.
- 50. The level of cooperation is established by the person position it is not driven by the system. So it is all dependent on personalities. A more systemic approach to cooperation between divisions needs to occur.
- 51. If you can not attract quality, people separate programs. If quality people can be hired, leave as is.
- 52. As cabinet level agency positions to achieve gubernatorial access.
- 53. The Law of Equifinality suggests there are lots of ways to reach the same goal.
- 54. Keep the organization the same but work to coordinate and streamline.
- 55. Bigger is not always better! I think we have learned that from FSSA. We need strong leadership (Governor) who will require coordination and cooperation among various divisions/departments and assure accountability
- 56. As a benevolent dictatorship that's both compassionate and accountable by that I mean give them enough authority to make things happen that are caring and helpful
- 57. I would make the divisions more independent. I would create a new division and move all children's services into that. This new division would be closely allied to special education, and might include some of what is currently in corrections. It would include Department of Health facilities for children, and would unite funding and decision making for all children, regardless of the source of the issue that brings them to the state's attention.
- 58. Might consider placing all health related departments together (DMHA/MRDD/OMPP) and all family and human service together (OFC/Aging)
- 59. I would find a way to better integrate FSSA and Health Department. If a breakup of FSSA is inevitable, I would certainly keep Medicaid, DMHA, Voc Rehab together and close to Health Department.
- 60. I don't feel I know enough about the various state agencies/program to adequately answer this question, but I do believe that aging should be a more visible program. This is the fastest growing segment of the population and will continue to have a major impact on public policy and funding over the next 20-30 years. For that reason, I believe that aging programs should have a more direct connection to the Governor's office.
- 61. Keep it the same
- 62. I have worked in the human services arena since the 1960's. Now, more than ever before there is a need for coordination and collaboration among programs and services both on a local level and on a state level. How that is accomplished is certainly outside my area of expertise. I am confident that sometimes less is better...almost every incidence of regionalization of processes or services seems to negatively affect the rural areas
- 63. Localize them all. Do away with regions. Make all services county based under a state office. Instead of, for instance, 2,000 people working in downtown Indianapolis every day, those 2,000 people would be working in the 92 counties of Indiana. Each county would have a building of one-stop shopping where all FSSA agencies and services are headquartered. A Family walks through the door, is greeted by a caseworker who does a questionnaire and directs the family to door 1, 2 or 3, depending upon their need. Many families don't know what services or agencies they need, so their first stop is the DFC. One additional comment: By giving instructions on how to fill out the survey, you are slanting results those with social services-related degrees. The FSSA is not serving those people. The FSSA is serving the undereducated with limited economic options due to age, education, mental and physical disabilities or delays. The system should be tailored to those receiving services.
- 64. Impossible to answer when sufficient money is not available to operate what is there.
- 65. Create a Department of Health and Mental Health that would include Medicaid. Create a Department of Human Services to include DFC and DDARS. The two agencies would be more manageable than FSSA and allow greater focus and coordination where needed.
- 66. The head of FSSA must be an knowledgeable administrator, not a politico. I would suggest

transferring positions out of Indianapolis and granting authority to the regional levels; one FSSA administrator per region, over all departments within FSSA, including county DFC offices and local mental health centers. Regions must first be aligned and reconfigured to make sense based on service delivery areas and local teams used to receipt systemic problems and provide recommendations, with authority by the Regional Directors to act, not just relay information to the state level. Obviously the IT infrastructure must be dramatically improved and processes integrated to allow cross application for services. FSSA is not a bad idea, it has just not realized its full potential given that leadership has not remained constant long enough, nor departments held accountable, to produce the desired positive results.

- 67. The original Step Ahead process, which involved collaboration at all levels, with a lot of local input, was an idea that could have been effective. If I were organizing a structure, I would revisit this process and try to enhance what is already working in many areas at a local level.
- 68. Put more control back into the individual counties. Regionalization has hurt services. Clients need to be able to access all services at the county level. When contracting out services, providers should have to have an access site in the county they serve ie: CCRR, Impact, Mental Health, etc.
- 69. Return control to the Counties
- 70. Not sure
- 71. Give more control back to the local level
- 72. Decrease bureaucracy and inefficiency by separating the divisions into units that make sense.
- 73. It would be helpful for the clients to be able to access multiple programs with one enrollment form and have local access. Computer systems would be great if you can count on the system working. With the regionalization of services, it becomes more difficult for some clients to access services or even know how to get services. It also becomes more of a challenge for providers to meet the needs of multiple counties and have information available for multiple counties. Both time and travel become an issue.
- Can't answer the larger question but I do feel the following would be helpful: Stop regionalizing client services. This simply removes services from the clients and professionals that know best what their needs are. Return some real administrative and/or planning clout to the local Step Ahead Councils. Empower them with some state dollars to devise local services. Stop the wholesale rearrangement of state managers and consultants. This creates confusion as well as the likelihood of non-qualified individuals trying to consult outside their areas of expertise. Don't assume that because something is broken in Marion, Lake or Allen County that we have to overhaul an entire system that may be working well in 80+ other counties. Streamline the the state contracting system such that all contracts can be executed and in the pipeline within 60 days. Quit sending RFP's out with turnaround times of less than 30 days. Separate child welfare/CPS services from the local DFC Offices and move forward on the career development and professionalization of child welfare workers in Indiana. Explore local case management consortiums to foster communication and collaboration for local service development.
- 75. If I knew I'd be running for Governor.



Purpose: To understand the interagency connections between the division that administers the **Adult Guardianship Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte		on select	ed)	Fre	eque	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	X	\times	\times	\times	S	X	\times	D	W	\times	\times	\times	N
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	N
DDARS													
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	Ι	N
Courts	С	P	I	D	S	X	A	D	W	M	P	\times	N
Local Agencies (name) AAA's	\times	\times	\times	\times	S	\times	\times	D	W	M	\times	\times	N
Local Agencies (name) Mental Health Assoc. Of Marion and Allen Counties	C	X	X	X	S	X	X	D	W	M	X	X	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- **S** = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- **A** = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Adult Protective Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ted)	Fre	equei	1су о	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	T	A	\times	W	M	P	I	N
DFC	С	P	I	\times	S	T	A	D	W	M	P	\times	N
DDARS													
DMHA	С	P	I	\times	S	T	A	D	W	M	P	\times	N
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	\times	S	T	A	D	W	M	P	\times	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	\times	S	T	A	D	X	M	P	I	N
Local Agencies (name) <u>Criminal Justice</u>	С	P	I	\times	S	T	A	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers **Aid to Independent Living, Part B** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma		on select	ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	X	X	\times	\times	X	\times	D	\times	M	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	Ι	N
DDARS													
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) Rehab. SUS Commission	С	\times	\times	D	S	T	A	D	W	M	P	\times	N
Local Agencies (name) 9 Indep. Living Centers	С	\times	\times	\times	S	\times	A	\times	W	M	P	I	N
Federal Agencies (name) RSA	С	X	\times	\times	\times	\times	A	D	\times	M	P	Ι	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Accessing Technology Through Awareness in Indiana (ATTAIN)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte			ed)	Fre	equei	ncy o	f Inte	racti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	Т	A	D	W	M	\times	I	N
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	N
DDARS													
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	Т	A	D	W	M	Р	I	N
Dept. of Health	С	P	I	\times	S	Т	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	\times	I	\times	S	Т	A	D	W	M	X	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name) <u>U.S. Dept. Of Education</u>	С	\times	I	\times	S	Т	A	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
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- I = Implementation another agency assists in the conduct of this program.
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- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Elderly & Blind Independent Living Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	A	D	W	M	P	I	X
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	X
DDARS													
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	X
OMPP	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	Ι	X
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	X
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name) Dept. Of Education	С	P	I	X	S	X	A	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Randolph-Sheppard Blind Vending Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ted)	Fr	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	A	D	W	M	P	I	N
DFC	\times	\times	I	\times	S	T	A	X	W	M	P	I	N
DDARS													
DMHA	\times	\times	I	\times	S	Т	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	\times	\times	I	\times	S	T	A	\times	W	M	P	I	N
Dept. of Correction	\times	\times	I	\times	S	T	A	\times	W	M	P	I	N
Dept. of Education	\times	\times	I	\times	S	T	A	\times	W	M	P	I	N
Dept. of Workforce Development	\times	\times	I	\times	S	T	A	\times	W	M	P	I	N
Courts	С	\times	I	\times	S	T	A	\times	W	M	P	I	N
Local Agencies (name) Federal facilities	\times	\times	I	\times	S	T	A	\times	W	M	P	I	N
Local Agencies (name) City, town, state, local gov't	\times	\times	I	\times	S	T	A	\times	W	M	P	I	N
Federal Agencies (name) Local Gov't facilities	\times	\times	I	\times	S	T	A	\times	W	M	P	I	N
Federal Agencies (name) Post offices/fed'l bldgs	\times	\times	I	\times	S	T	A	X	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Blind and Visually Impaired Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	A	D	W	M	P	I	X
DFC	С	P	I	\times	S	T	A	D	W	M	P	\times	N
DDARS													
DMHA	С	P	I	\times	S	T	A	D	W	M	P	X	N
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Correction	С	P	I	\times	S	T	A	D	W	M	P	X	N
Dept. of Education	С	P	I	\times	S	T	A	D	W	M	P	I	\times
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	T	A	D	W	M	P	I	\times
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Vocational Rehab. Services</u>	X	P	I	\times	S	T	A	X	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Bureau of Quality Improvement Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	X	\times	S	\times	\times	\times	W	M	\times	I	N
DFC	\times	P	I	\times	S	T	A	D	W	M	P	X	N
DDARS													
DMHA	\times	Р	I	\times	S	T	A	D	W	M	P	\times	N
OMPP	\times	\times	\times	\times	S	T	A	\times	W	M	P	I	N
Dept. of Health	С	P	I	\times	S	T	A	D	W	\times	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	\times	S	T	A	D	W	M	P	\times	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	T	A	D	W	M	P	I	\times
Local Agencies (name) Supported living providers	С	\times	\times	\times	S	T	A	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) CMS	С	\times	I	\times	S	\times	A	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Community and Home Options to Institutional Care for the Elderly and Disabled Program (CHOICE)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	X	\times	S	T	X	X	X	X	X	Ι	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	\times
DDARS													
DMHA	С	P	I	D	S	T	A	D	W	M	Р	X	N
OMPP	С	P	I	D	S	T	A	D	W	M	\times	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	X	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	X
Courts	С	P	I	D	S	T	A	D	W	M	P	I	\times
Local Agencies (name) AAAs	\times	\times	\times	\times	S	\times	\times	\times	\times	\times	\times	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Deaf and Hard of Hearing Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me		pe of			on select	red)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	\times	D	W	M	P	I	N
DFC	С	P	I	D	S	\times	A	D	W	M	P	\times	N
DDARS													
DMHA	С	P	I	D	S	\times	A	D	W	M	P	\times	N
OMPP	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	\times	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	Р	I	\times
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	\times	N
Courts	С	P	I	D	S	T	A	D	W	M	P	\times	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S =Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Developmental Disabilities Residential Facilities Council** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ted)	Fr	equei	1су о	f Inte	racti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	\times	D	S	Т	A	D	W	M	\times	I	N
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	N
DDARS													
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
ОМРР	С	P	\times	D	S	Т	A	D	W	M	\times	I	N
Dept. of Health	С	P	I	\times	S	X	A	D	\times	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Diagnosis and Evaluation** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte			ed)	Fr	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	X	\times	T	X	D	\times	M	P	I	N
DFC	С	P	I	\times	\times	T	\times	D	\times	M	P	I	N
DDARS													
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	\times	I	X	\times	\times	A	D	\times	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	\times	I	D	S	T	\times	D	W	\times	P	I	N
Dept. of Workforce Development	С	X	I	D	S	T	\times	D	W	\times	P	Ι	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Vocational Rehabilitation Services: In-Service Training** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me		pe of			on select	ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	A	D	W	M	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	С	P	I	D	S	\times	A	D	W	M	\times	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	\times	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	D	S	\times	A	D	W	M	\times	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) RSA	С	\times	\times	D	S	\times	\times	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) RCEP	С	P	\times	D	S	\times	A	D	W	M	\times	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Epilepsy Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe o f			on select	ed)	Fre	equei	ncy o	f Inte	eract	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	A	D	W	M	P	I	X
DFC	С	P	I	D	S	T	A	D	W	M	P	I	\times
DDARS													
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	X
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	X
Courts	С	P	I	D	S	T	A	D	W	M	P	I	X
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	X
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	\times
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	\times
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	X
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	X
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	X

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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Family Subsidy Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me		pe of				ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	X	X	D	S	X	X	X	W	M	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) Non-profit providers	С	P	\times	D	S	T	A	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- P = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- **S** = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Title III/VII Services - Older Americans Act** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma		on select	ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	X	\times	S	X	\times	\times	W	M	P	I	N
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	\times
DDARS													
DMHA	С	P	I	D	S	Т	A	D	W	M	P	\times	N
OMPP	С	P	I	D	S	X	A	D	W	M	P	\times	N
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	\times	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	М	X	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	\times	I	N
Local Agencies (name) <u>AAAs</u>	С	P	\times	D	S	T	A	\times	\times	\times	\times	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) AOA, DOL	С	\times	I	\times	\times	X	\times	\times	\times	\searrow	\times	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Local Projects** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me		pe of				ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	A	D	W	M	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Long-Term Care Ombudsman Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	A	D	W	M	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
ОМРР	С	P	I	D	S	T	A	D	W	M	Р	I	N
Dept. of Health	С	P	I	\times	S	T	A	D	W	M	X	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) AAAs (16)	С	\times	\times	\times	\times	T	A	D	W	M	\times	I	N
Local Agencies (name) AAA Contractors (8)	С	P	\times	\times	S	T	A	D	W	M	\times	I	N
Federal Agencies (name) AOA	С	P	I	D	S	X	A	D	W	M	P	X	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) Natl. Ombudsman Resource Center	С	P	I	D	S	X	A	D	W	M	\times	I	N
Other (name) Natl Assoc of State Ombudsman Prog	С	P	I	D	S	X	A	D	W	M	\times	I	N

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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
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Purpose: To understand the interagency connections between the division that administers **MR/DD Case Management** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ed)	Fre	eque	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	X	I	D	S	T	A	X	W	M	P	Ι	N
DFC	С	P	I	\times	S	T	A	D	X	M	P	I	N
DDARS													
DMHA	С	P	I	\times	S	T	A	D	\times	M	P	I	N
OMPP	С	\times	\times	D	S	T	A	\times	W	M	P	I	N
Dept. of Health	С	P	I	\times	S	T	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	\times	S	T	A	D	W	M	X	I	N
Dept. of Education	С	P	I	\times	S	T	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	\times	S	T	A	D	W	M	\times	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) Case Mgt. Companies	С	\times	\times	D	S	T	A	\times	W	M	P	I	N
Local Agencies (name) <u>Indep. Case Managers</u>	С	\times	\times	D	S	T	A	\times	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	С	P	I	D	\times	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers **Nutrition Service Incentive Program (USDA Meals Reimbursement)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	X	\times	\times	X	\times	X	\times	X	X	\times	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	\times
DDARS													
DMHA	С	Р	I	D	S	T	A	D	W	M	P	I	X
ОМРР	С	\times	I	D	S	Т	A	D	W	M	P	X	N
Dept. of Health	С	P	I	D	S	\times	A	D	W	M	P	\times	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	T	A	D	W	M	P	I	\times
Local Agencies (name) AAAs	\times	\times	\times	\times	\times	\times	\times	\times	\times	\times	\times	\times	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) AOA	\times	\times	X	\times	\times	X	\times	D	W	M	P	\times	N
Federal Agencies (name) <u>USDA</u>	С	P	I	\times	S	T	A	D	W	M	P	\times	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers the **Olmstead Grants** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me		pe of				ted)	Frequency of Interaction							
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction		
FSSA Central Office	С	P	I	D	S	Т	\times	D	W	M	\times	Ι	N		
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	N		
DDARS															
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N		
ОМРР	С	\times	\times	\times	S	Т	A	D	W	\times	P	I	N		
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Local Agencies (name)	С	P	\times	D	\times	Т	A	D	W	M	\times	I	N		
Local Agencies (name)	С	P	\times	D	\times	Т	A	D	W	M	\times	I	N		
Federal Agencies (name)	С	P	I	D	S	X	A	D	W	M	\times	I	N		
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Other (name)	С	X	X	D	X	Т	A	D	\times	M	P	I	N		
Other (name)	С	P	X	X	\times	Т	A	D	W	M	\times	I	N		

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- **D** = Data Sharing information derived from this program is shared with another agency.
- **S** = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **IPAS** and **OBRA/PASRR** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma			ed)	Frequency of Interaction							
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction		
FSSA Central Office	С	P	I	D	S	X	\times	D	W	M	X	I	N		
DFC	С	P	I	\times	\times	Т	A	D	W	M	\times	I	N		
DDARS															
DMHA	\times	\times	\times	\times	\times	X	A	D	W	M	X	I	N		
ОМРР	\times	\times	\times	\times	\times	\times	A	D	W	M	\times	I	N		
Dept. of Health	С	P	I	\times	S	T	A	D	W	\times	P	\times	N		
Dept. of Correction	С	P	I	\times	S	Т	A	D	W	M	P	\times	N		
Dept. of Education	С	P	I	X	S	Т	A	D	W	M	P	\times	N		
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times		
Courts	С	P	I	\times	S	Т	A	D	W	M	P	\times	N		
Local Agencies (name) AAAs	С	P	\times	\times	S	\times	A	\times	W	M	P	I	N		
Local Agencies (name) CMHCs	С	P	\times	\times	S	\times	A	\times	W	M	P	I	N		
Federal Agencies (name) <u>CMS</u>	С	P	I	X	\times	Т	A	D	W	M	X	Ι	N		
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	Р	I	N		
Other (name) EDS	С	P	I	\ge	S	Т	A	D	W	M	\times	I	N		
Other (name) <u>Nursing Facilities</u>	С	P	\times	\times	S	T	A	D	W	M	\times	I	N		

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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Residential Care Assistance Program (RCAP)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ted)	Frequency of Interaction							
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction		
FSSA Central Office	\times	X	I	\times	S	Т	X	D	W	M	\times	I	N		
DFC	\times	\times	\times	\times	S	Т	\times	\times	W	M	P	I	N		
DDARS															
DMHA	С	P	I	D	S	Т	A	D	W	M	Р	I	\times		
OMPP	\times	P	I	\times	S	Т	\times	D	W	M	\times	I	N		
Dept. of Health	С	P	I	\times	S	Т	\times	D	W	M	\times	I	N		
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	X		
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	X		
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	Ι	X		
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	\times		
Local Agencies (name) Claims management	\times	P	\times	\times	S	\times	\times	\times	W	M	P	I	N		
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N		

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
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- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **State Developmental Centers** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of an or			on select	ed)	Frequency of Interaction							
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction		
FSSA Central Office	С	X	\times	\times	S	X	\times	D	W	M	P	I	\times		
DFC	С	P	\times	D	S	Т	A	D	W	M	P	I	\times		
DDARS															
DMHA	С	P	\times	D	S	Т	A	D	W	M	P	I	X		
OMPP	С	P	I	D	\times	Т	A	D	W	M	P	I	X		
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	X		
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	Ι	N		
Courts	С	P	\times	D	S	X	A	D	W	M	P	I	X		
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N		
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Federal Agencies (name) Dept. Of Justice	С	\times	I	D	S	Т	A	D	W	M	P	I	\times		
Federal Agencies (name) <u>CMS</u>	С	\times	I	D	S	Т	A	D	W	M	P	I	\times		
Other (name) <u>CMHCs</u>	С	P	\times	D	S	Т	A	D	W	M	P	I	\times		
Other (name) <u>Local Hosp./Clinicians</u>	С	P	\times	D	S	T	A	D	W	M	P	Ι	X		

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Security Administration/Vocational Rehabilitation Account (SSA/VR)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte		on select	ed)	Frequency of Interaction							
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction		
FSSA Central Office	С	X	\times	\times	S	X	\times	D	W	\searrow	P	I	N		
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	N		
DDARS															
DMHA	С	\times	Ι	\times	S	Т	A	D	W	M	P	\times	N		
OMPP	С	\times	\times	\times	S	Т	A	D	W	M	P	\times	N		
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Dept. of Workforce Development	С	\times	\times	\times	S	T	A	D	W	M	P	\times	N		
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N		
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Federal Agencies (name)	С	X	\times	\times	S	X	A	D	W	M	\times	I	N		
Federal Agencies (name)	С	X	\times	\times	\times	X	A	D	W	M	\times	I	N		
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N		

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Supported Employment Systems Change Grant** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma		on select	ed)	Frequency of Interaction						
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction	
FSSA Central Office	С	P	I	D	S	T	A	D	W	M	P	I	N	
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N	
DDARS														
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N	
ОМРР	С	\times	\times	\times	S	\times	A	D	W	M	\times	I	N	
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N	
Dept. of Correction	С	\times	\times	\times	S	\times	A	D	W	M	P	\times	N	
Dept. of Education	С	\times	\times	\times	S	\times	A	D	W	X	Р	I	N	
Dept. of Workforce Development	С	X	X	\times	S	X	A	D	W	X	P	I	N	
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N	
Local Agencies (name) Community Rehab Programs	С	X	X	\times	S	\times	A	\times	W	M	P	I	N	
Local Agencies (name) CMHCs	С	\times	\times	\times	S	\times	A	D	W	M	\times	I	N	
Federal Agencies (name) <u>SSA</u>	С	\times	X	\times	S	X	A	D	W	M	P	X	N	
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N	
Other (name) <u>INARF</u>	С	X	X	\times	S	X	A	D	W	M	X	I	N	
Other (name) <u>IARC</u>	С	\times	\times	\times	S	X	A	D	W	M	X	I	N	

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Supported Employment** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me	Ty ore th		f Inte			ed)	Frequency of Interaction							
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction		
FSSA Central Office	С	X	X	\times	S	X	\times	D	W	\mathcal{M}	P	I	N		
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	N		
DDARS															
DMHA	С	\boxtimes	\times	\times	S	\times	A	D	W	M	\times	I	N		
OMPP	С	\times	\times	\times	S	\times	A	D	W	M	X	I	N		
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Dept. of Correction	С	Р	I	D	S	Т	A	D	W	M	Р	I	N		
Dept. of Education	С	X	\times	\times	S	X	\times	D	W	M	\times	I	N		
Dept. of Workforce Development	С	\times	\times	\times	S	\times	A	D	W	M	\times	I	N		
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Local Agencies (name) RSA	С	X	\times	\times	\times	X	\times	D	W	M	\times	I	N		
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N		
Other (name)	С	Р	I	D	S	Т	A	D	W	M	P	I	N		
Other (name)	С	P	I	D	S	T	Α	D	W	M	P	I	N		

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Vocational Rehabilitation Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma		on select	ed)	Fre	equei	1су о	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	X	X	\times	\times	X	\times	D	\times	M	P	I	N
DFC	\times	\times	\times	\times	S	Т	A	D	W	M	\times	I	N
DDARS													
DMHA	С	\times	\times	\times	S	\times	A	D	W	M	\times	Ι	N
OMPP	С	\times	\times	\times	S	\times	A	D	W	M	X	I	N
Dept. of Health	С	\times	\times	\times	S	Т	A	D	W	M	P	\times	N
Dept. of Correction	С	\times	\times	\times	S	Т	A	D	W	M	P	\times	N
Dept. of Education	С	\times	X	\times	S	\times	A	D	W	X	P	I	N
Dept. of Workforce Development	X	\times	X	\times	S	\times	A	D	\times	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SSA</u>	С	X	\times	\times	S	Т	A	D	W	M	P	\times	N
Federal Agencies (name) RSA	С	X	\times	\times	\times	X	A	D	\times	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Refugee Cash Assistance** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte		on select	ed)	Fre	equei	ncy o	f Inte	racti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	X	P	I	\times	S	T	A	D	W	M	\times	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
ОМРР	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) ORR	С	P	I	\times	S	X	A	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Temporary Assistance for Needy Families (TANF)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte		on select	ed)	Fre	eque	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	X	X	\times	\times	X	X	\times	X	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	\times	S	T	A	D	W	M	P	X	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) ACF	С	P	I	X	S	X	A	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Adoption Assistance Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eract	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	X	X	X	\times	S	X	\times	X	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	X
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	X
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	X
Courts	С	P	I	D	S	T	A	D	W	M	P	I	X
Local Agencies (name)	C	P	I	D	S	T	A	D	W	M	P	I	X
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	X
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	X
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	X
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	X
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	X

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Child Abuse Challenge** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte		on select	ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	X	I	\times	\times	X	\times	X	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	X
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	\times
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	X
Courts	С	P	I	D	S	T	A	D	W	M	P	I	X
Local Agencies (name)	С	P	\times	\times	S	X	\times	D	\times	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Child Care Development Fund Assistance (CCDF)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte			ed)	Fre	eque	ncy o	f Inte	racti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	Т	\times	\times	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	М	P	I	N
OMPP	С	P	I	\times	S	Т	A	D	W	\times	Р	I	N
Dept. of Health	С	\times	I	\times	S	Т	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	\times	I	D	S	Т	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Child Care Fund** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me		pe of			on select	ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	X	A	D	W	M	P	I	X
DFC													
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
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- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **School-Age Child Care Project Fund** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	Т	A	D	W	\times	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	X
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	X
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	\times	S	T	A	D	W	M	P	X	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	T	A	D	W	M	P	I	\times
Local Agencies (name) Grantees	С	P	I	\times	S	\times	A	D	W	\times	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>LSA</u>	С	P	I	\times	S	T	A	D	W	M	P	X	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
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- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Child Protection Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of an or			on select	ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	A	D	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Child Welfare Assistance (Title IV-B, Subpart 1)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of an or			on select	ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	A	D	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
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Purpose: To understand the interagency connections between the division that administers the **Kids First Trust Fund** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma		on select	ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	X	\times	\times	S	\times	A	X	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	X
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	X
ОМРР	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	T	A	D	W	M	P	I	X
Local Agencies (name) Grantees	С	P	I	D	S	\times	A	D	\times	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
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Purpose: To understand the interagency connections between the division that administers the **Community Services Block Grant (CSBG)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	X	\times	S	Т	\times	D	W	M	X	Ι	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) Community Action Agencies	С	P	X	\times	\times	X	A	D	\times	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>HHS</u>	С	P	I	\times	S	X	X	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers **Consolidated Outreach** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma		on select	ed)	Fre	eque	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	A	D	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	\times	\times	\times	\times	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	\times	\times	\times	\times	A	D	W	M	\times	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Shelter Plus Care - Division of Family and Children** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(M			f Inte ne ma			red)	Fre	eque	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	A	D	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
ОМРР	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name) Mental Health Assoc. (Allen County)	С	P	X	X	S	Т	A	D	W	X	P	I	N
Local Agencies (name) HIV Providers (Allen County)	С	P	X	X	S	Т	A	D	W	X	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name) <u>CANI</u>	С	P	X	\times	S	Т	A	D	W	X	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- $\mathbf{P} = \text{Program Design}$ another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- **S** = Share Federal Funding federal funds are received by this program and distributed to another agency.
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Purpose: To understand the interagency connections between the division that administers the **Weatherization Assistance Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(M			f Inte			ted)	Fr	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	A	D	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	C	P	I	\times	S	X	A	D	W	M	\times	I	N
Dept. of Correction	C	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	М	Р	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name) IN Community Action Assoc	C	P	I	D	S	X	A	D	X	M	P	I	N
Local Agencies (name) <u>IURC, OUCC</u>	C	P	I	X	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>U.S. Dept. Of Energy</u>	С	X	I	X	S	X	A	D	\times	M	P	I	N
Federal Agencies (name) <u>US Health & Human Serv.</u>	С	\times	I	X	S	Т	A	D	\times	M	P	I	N
Other (name) IN Housing Finance Authority	С	P	I	X	S	Т	A	D	W	M	\times	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Domestic Violence Prevention and Treatment Fund** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of				ted)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	X	P	I	D	S	Т	A	X	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	X
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	X
OMPP	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Health	С	P	I	D	\times	Т	\times	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	X
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	X
Local Agencies (name) ICADY, INCASA	С	P	I	\times	S	Т	A	D	W	\times	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name) ACF	С	P	X	D	S	X	X	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S =Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Emergency Assistance Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma		on select	ed)	Fre	eque	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	A	D	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
ОМРР	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	М	P	I	N
Courts	С	P	I	D	S	T	A	X	W	М	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Emergency Shelter Grant** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma		on select	ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	D	S	T	A	X	W	M	P	I	N
DFC													
DDARS	С	P	I	\times	S	\times	A	D	W	M	\times	I	N
DMHA	С	P	I	\times	S	\times	A	D	W	M	\times	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	\times	S	\times	A	D	W	\times	P	I	N
Dept. of Correction	С	P	I	\times	S	\times	A	D	W	\times	P	I	N
Dept. of Education	С	P	I	\times	S	\times	A	D	W	\nearrow	P	I	N
Dept. of Workforce Development	С	P	I	\times	S	X	A	D	W	$\overline{\mathbb{X}}$	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	\times	N
Local Agencies (name) IHFA	С	P	I	\times	S	\times	A	D	W	X	P	I	N
Local Agencies (name) <u>ICCHI</u>	С	P	I	\times	S	X	A	D	W	\searrow	P	I	N
Federal Agencies (name) HUD Indianapolis	С	X	X	\times	S	\times	X	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) Dept. Of Commerce	С	P	I	\times	S	\times	A	D	W	M	X	I	N
Other (name) CHIP, ICADV	С	P	I	\times	S	\times	A	D	W	M	\times	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Family Violence Prevention** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me		pe of				ted)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	X	P	I	D	S	Т	\times	X	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	X
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	\times
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	T	A	D	W	M	P	I	\times
Local Agencies (name) <u>IN CASA, ICADV</u>	С	P	I	\times	S	T	A	D	W	\times	\times	I	N
Local Agencies (name)	С	P	I	D	S	T	Α	D	W	M	P	I	N
Federal Agencies (name) ACF	С	X	\times	D	S	T	\times	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Indiana Fathers** & **Families Initiative** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ted)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	X	\times	D	W	M	X	Ι	N
DFC													
DDARS	С	\times	\times	\times	S	\times	\times	D	W	M	\times	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	\times	\times	S	\times	\times	D	W	M	\times	I	N
Dept. of Education	С	P	I	\times	S	T	A	D	W	M	P	\times	N
Dept. of Workforce Development	С	P	I	\times	S	T	A	D	W	M	P	\times	N
Courts	С	P	X	\times	\times	X	\times	D	W	M	P	\times	N
Local Agencies (name) Child Support	С	P	I	\times	\times	X	\times	D	W	M	X	I	N
Local Agencies (name) <u>Legal Aid</u>	С	P	I	\times	S	X	X	D	W	M	X	I	N
Federal Agencies (name) OCSE	С	P	I	D	X	T	A	D	X	M	P	I	N
Federal Agencies (name) ACF	С	P	I	\times	X	T	A	D	W	X	P	I	N
Other (name) <u>LOFC</u>	С	P	I	\times	X	T	A	D	W	M	X	I	N
Other (name) <u>Local Social Service Agencies</u>	С	P	X	\times	\times	X	X	D	W	M	X	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **First Steps** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			red)	Fre	equei	ісу о	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	X	P	I	D	S	Т	A	X	W	M	P	Ι	N
DFC													
DDARS	С	P	I	\times	S	T	A	D	W	M	P	\times	N
DMHA	C	P	I	\times	S	T	A	D	W	M	P	\times	N
ОМРР	C	P	I	\times	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	\times	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Education	C	P	I	\times	S	T	A	D	\times	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	T	A	D	W	M	P	I	\times
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Food Stamps Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma		on select	ed)	Fre	equer	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	\times	\times	\times	S	\times	\times	X	W	M	P	I	N
DFC													
DDARS	С	P	I	\times	S	\times	A	D	W	M	\times	I	N
DMHA	С	P	I	\times	S	\times	A	D	W	M	\times	I	N
ОМРР	С	P	I	\times	S	T	A	D	W	M	P	\times	N
Dept. of Health	С	X	X	X	X	Т	A	D	W	X	P	Ι	N
Dept. of Correction	С	P	I	\times	S	Т	A	D	W	M	P	\times	N
Dept. of Education	С	P	I	D	X	Т	A	D	W	M	P	\times	N
Dept. of Workforce Development	С	P	I	\times	S	Т	A	D	W	M	\times	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	X
Local Agencies (name) Local DFC offices	С	P	\times	\times	S	\times	\times	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) Food & Nutrition Service	С	X	X	\times	S	X	A	\times	W	M	P	I	N
Federal Agencies (name) Dept. Of Homeland Security	С	P	I	D	S	X	A	D	X	M	P	I	N
Other (name) Purdue University - Family Nutrition	С	X	X	\times	X	Т	A	D	W	X	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- **S** = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- **A** = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Foster Care Assistance Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	X	\times	X	X	\times	X	W	M	P	I	N
DFC													
DDARS	С	P	I	\boxtimes	S	T	A	D	W	M	P	X	N
DMHA	С	P	Ι	\times	S	Т	Α	D	W	M	P	\times	N
OMPP	\times	P	\times	\times	\times	\times	\times	X	W	M	P	I	N
Dept. of Health	С	P	I	\times	S	T	A	D	W	M	P	\times	N
Dept. of Correction	C	\times	\times	\times	\times	T	A	D	\times	M	P	I	N
Dept. of Education	С	P	I	\times	S	T	A	D	W	M	P	\times	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	T	A	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Hospital Care for the Indigent (HCI)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of			on select	ted)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	A	D	W	M	P	I	N
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	N
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
ОМРР	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Healthy Families Indiana** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	eque	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	X	I	\times	\times	X	\times	D	W	X	Р	Ι	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	Р	I	N
DMHA	С	P	I	\times	\times	T	A	D	W	M	X	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	Р	I	N
Dept. of Health	С	P	I	\times	\times	T	A	D	W	M	X	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>IU School of Nursing</u>	С	\times	I	\times	\times	\times	A	D	W	M	\times	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Title IV-D: Child Support Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me		pe o f				red)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	D	S	T	\times	D	\times	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	\times
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	\times
ОМРР	С	P	X	\times	\times	T	A	D	W	\times	P	I	N
Dept. of Health	С	P	X	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	X	D	S	T	A	D	W	\times	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Workforce Development	С	P	X	X	S	T	A	D	\times	M	P	I	N
Courts: UTAC	С	P	I	\times	S	T	A	D	W	\times	P	Ι	N
Courts: Admin. IV-D Courts	С	P	X	\times	S	T	A	D	W	M	P	\times	N
Other State Agencies (name) Attorney General	С	P	\times	\times	S	T	A	D	\times	M	P	I	N
Local Agencies (name) <u>BMV</u>	С	P	\times	\times	S	T	A	\times	W	M	P	I	N
Local Agencies (name) <u>IV-D Prosecutors</u>	С	\times	X	\times	\times	T	A	\times	W	M	P	I	N
Local Agencies (name) Circuit Court Clerks	С	\times	\times	\times	\times	T	A	\times	W	M	P	I	N
Federal Agencies (name) OCSE Regional	С	\times	\times	\times	\times	\times	A	D	\times	M	P	I	N
Federal Agencies (name) OCSE Federal	С	X	X	\times	\times	\times	A	D	W	\times	P	I	N
Other State Agencies (name) State Revenue	С	P	X	X	S	T	A	X	W	M	P	I	N
Federal Agencies (name) Social Security Admin.	С	P	X	\times	S	T	A	X	W	M	P	I	N
Federal Agencies Dept. Of Information Technology	С	P	\times	D	S	X	A	X	W	M	P	I	N

C = Co-located Program - the staff and other resources of this program are shared with another agency.

P = Program Design - another agency assists in the planning and design of this program.

I = Implementation - another agency assists in the conduct of this program.

- $\mathbf{D} = \text{Data Sharing}$ information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- **A** = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Low-Income Home Energy Assistance Program (LIHEAP)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte			ted)	Fre	eque	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	D	S	Т	A	D	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	М	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name) 24 Comm. Action Agencies	С	P	X	X	S	Т	A	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	М	P	I	N

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Non-Recurring Adoption Assistance** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma		on select	ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	X	X	X	\times	S	X	\times	X	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	Т	A	D	W	M	P	I	X
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	X
ОМРР	C	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Health	C	P	I	D	S	Т	A	D	W	M	P	I	\times
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	X
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	X
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	X
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	X
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	X
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	X
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	X
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	X

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Project Safe Place** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(M			f Inte			red)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	X	S	Т	A	D	W	M	P	\times	N
DFC													
DDARS	С	X	I	\times	S	Т	A	D	W	M	P	\times	N
DMHA	С	X	I	\times	S	Т	A	D	W	M	P	\times	N
OMPP	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Dept. of Health	С	P	I	\times	S	T	A	D	W	M	P	\times	N
Dept. of Correction	С	P	I	\times	S	T	A	D	W	M	P	\times	N
Dept. of Education	С	X	I	\times	S	Т	A	D	W	M	P	\times	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Courts	С	\times	\times	\times	S	\times	\times	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Refugee Social Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	\times	S	Т	A	D	W	М	\times	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	\times	\times	\times	\times	A	\times	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) ORR	С	P	I	\times	S	X	A	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
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Purpose: To understand the interagency connections between the division that administers the **Section 8 Housing Choice Voucher Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte			ed)	Fr	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	X	P	I	X	X	X	X	D	\times	M	P	I	N
DFC													
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	Т	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	C	\times	I	D	S	Т	A	D	W	\times	P	I	N
Dept. of Correction	C	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	Р	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	\times	D	W	\times	P	I	N
Local Agencies (name) Public Housing Agencies	С	\times	\times	D	S	Т	A	D	W	M	\times	I	N
Local Agencies (name) Comm Action	С	X	X	X	X	X	A	\times	W	M	P	I	N
Federal Agencies (name) HUD	С	X	X	X	S	X	\times	D	\times	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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Purpose: To understand the interagency connections between the division that administers the **Section 8 Housing: Family Self-Sufficiency Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me	Ty ore th		f Inte			ed)	Fre	eque	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	A	D	W	М	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Sex Offense Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of an or				ted)	Fre	equei	ncy o	f Inte	eract	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	X	P	I	D	S	Т	\times	X	W	M	P	Ι	N
DFC													
DDARS	С	P	I	D	S	T	\times	D	W	M	P	I	\times
DMHA	С	P	I	D	S	T	\times	D	W	M	P	Ι	X
ОМРР	С	P	I	D	S	T	\times	D	W	M	P	I	\times
Dept. of Health	С	P	\times	D	\times	T	\times	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	X
Courts	С	P	I	D	S	T	A	D	W	M	P	I	X
Local Agencies (name) IN CASA	С	P	I	\times	S	T	A	D	W	M	X	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	X
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	Р	Ι	X
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	X
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	X
Other (name)	C	P	I	D	S	T	A	D	W	M	P	I	X

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S =Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Alcohol Drug Abuse Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	\times	S	T	\times	D	\times	M	P	I	N
DFC	С	\times	I	D	S	\times	A	D	W	M	\times	I	N
DDARS	С	\times	I	D	S	T	A	D	W	M	\times	I	N
DMHA													
OMPP	С	\times	I	\times	\times	\times	A	D	\times	M	P	I	N
Dept. of Health	С	\times	\times	D	\times	T	A	D	W	\times	P	I	N
Dept. of Correction	С	\times	I	D	S	\times	A	D	W	\times	P	I	N
Dept. of Education	С	\times	I	D	\times	T	A	D	W	\nearrow	P	I	N
Dept. of Workforce Development	С	\times	I	D	S	T	A	D	W	X	P	I	N
Courts	С	\times	I	D	S	T	A	D	W	\times	P	I	N
Local Agencies (name) <u>IN Criminal Justice Institute</u>	С	\times	\times	\times	S	\times	A	D	\times	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	I	\times	S	X	A	D	W	$\overline{\mathbb{X}}$	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) Tobacco Agency	С	\times	I	D	S	X	A	D	W	\nearrow	P	I	N
Other (name) CHMCs and Addiction Providers	С	\times	\times	\times	\times	X	A	X	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Circle Around Families** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte		on select	ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	A	D	W	M	P	I	\times
DFC	\times	P	I	D	S	T	A	\times	W	M	P	I	N
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	\times
DMHA													
ОМРР	С	P	I	D	S	X	A	D	W	M	P	\times	N
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Dept. of Education	С	P	\times	\times	S	Т	A	D	W	\times	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	X
Courts	\times	\times	I	D	S	Т	A	\times	W	M	P	I	N
Local Agencies (name) Not-for-profit providers	С	P	\times	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name) <u>CMHCs</u>	С	P	I	D	S	T	A	D	W	M	P	I	\times
Federal Agencies (name) CMHS	С	P	\times	\times	S	X	A	D	W	M	\times	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	\times	\times	S	X	A	D	W	M	\times	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Community Mental Health Centers** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(M			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	X	D	W	X	P	I	N
DFC	С	\times	\times	D	S	T	A	\times	W	M	P	I	N
DDARS	С	\times	\times	D	S	T	A	\times	W	M	P	I	N
DMHA													
ОМРР	С	\times	\times	\times	S	\times	A	\times	W	M	P	I	N
Dept. of Health	С	\times	I	D	S	T	A	\times	W	M	P	I	N
Dept. of Correction	С	\times	I	D	S	T	A	D	W	\times	P	I	N
Dept. of Education	С	\times	I	D	S	T	A	D	W	\times	P	I	N
Dept. of Workforce Development	С	X	I	D	S	T	A	D	X	M	P	I	N
Courts	С	X	I	D	S	T	A	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	X	I	\times	S	X	A	D	W	X	P	I	N
Federal Agencies (name) CMSI	С	X	I	\times	S	X	A	D	W	X	P	I	N
Other (name) CMHCs and Addiction Providers	С	X	X	\times	\times	X	\times	X	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Community Mental Health Services Block Grant** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	\times	D	W	\searrow	P	Ι	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) CMHCs	С	P	I	D	S	T	A	D	W	M	\times	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Federal Agencies (name) CMHS	С	P	I	\times	\times	X	A	D	W	M	X	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	I	\times	S	X	A	D	W	M	X	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **DMHA Disaster Relief Grants** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			Inte			ed)	Fre	equei	ісу о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	\times	D	W	\searrow	P	I	N
DFC	С	\times	I	D	S	T	A	D	W	M	\times	I	N
DDARS	С	\times	I	D	S	T	A	D	W	M	\times	I	N
DMHA													
OMPP	С	\times	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	\times	X	\times	\times	\times	\times	D	\times	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	\times	I	D	S	T	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>FEMA</u>	С	\times	\times	\times	\times	\times	A	\times	W	M	P	I	N
Local Agencies (name) <u>SAMHSA</u>	С	P	I	\times	S	X	A	D	W	M	X	I	N
Federal Agencies (name) <u>CDC</u>	С	P	I	\times	S	\times	A	D	W	M	\times	I	N
Federal Agencies CMHCs and Addiction Providers	С	P	I	\times	S	X	A	D	W	M	\times	I	N
Other (name)	С	X	X	\times	\times	\times	A	\times	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **HIV Outreach** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma			red)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	\times	D	W	X	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	С	P	\times	D	S	T	A	D	W	M	\times	I	N
Dept. of Health	С	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	I	\times	S	X	A	D	W	M	X	I	N
Federal Agencies (name) <u>CSAT</u>	С	P	I	X	S	\times	A	D	W	M	X	I	N
Other (name) CMHCs and Addiction Providers	С	X	X	\times	\times	T	A	X	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Safe and Drug-Free Schools and Communities** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of				ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	X	D	W	X	P	I	N
DFC	С	\times	I	D	S	T	A	D	W	M	P	X	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	\times	\times	S	\times	A	D	W	\times	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>DOE</u>	С	P	I	D	S	\times	A	D	W	M	\times	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	I	D	S	X	A	D	W	M	\times	I	N
Other (name) IN Criminal Justice Institute	С	\times	X	\times	\times	X	\times	D	W	\times	P	I	N
Other (name) Tobacco Agency	С	\times	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Statewide Treatment Needs Assessment Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	Т	\times	D	W	X	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA													
ОМРР	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name) IUPUI/IU Bloomington	С	X	\times	\times	\times	X	A	D	X	\times	P	I	N
Local Agencies (name) IN Criminal Justice Institute	С	P	\times	\times	S	X	A	D	X	M	P	I	N
Federal Agencies (name) Drug Free Indiana	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	I	\times	S	X	A	D	W	\times	P	I	N
Other (name) Tobacco Agency	С	P	\times	D	S	Т	A	D	W	X	P	I	N
Other (name) CMHCs and Addiction Providers	С	\times	Ι	\times	S	T	A	D	X	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Mental Health Funds Recovery Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of				ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	X	A	D	X	M	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	\times	X	D	\times	\times	\times	D	\times	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) CMS - Medicaid	С	\times	I	\times	S	\times	A	D	W	\times	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) CMHCs and Addiction Providers	С	X	X	\times	\times	T	\times	D	\times	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **State Mental Health and Addiction Hospitals** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of				ed)	Fre	equei	1су о	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	X	X	X	W	M	P	I	N
DFC	С	P	\times	\times	S	T	A	D	W	M	\times	I	N
DDARS	С	P	\times	\times	S	\times	A	D	W	M	\times	I	N
DMHA													
OMPP	С	P	\times	\times	\times	\times	A	\times	W	M	P	I	N
Dept. of Health	С	P	I	\times	S	\times	\times	D	W	M	\times	I	N
Dept. of Correction	\times	P	I	D	S	T	A	\times	W	M	P	I	N
Dept. of Education	С	\times	I	\times	S	\times	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	\times	S	\times	A	D	W	M	\times	I	N
Courts	С	P	\times	\times	S	T	A	\times	W	M	P	I	N
Federal Agencies (name) CMS	С	P	I	\times	S	\times	A	D	W	\times	P	I	N
Local Agencies (name) <u>Local Schools</u>	\times	\times	\times	\times	S	\times	A	\times	W	M	P	I	N
Local Agencies (name) CMHCs	X	\times	\times	\times	S	\times	A	\times	W	M	P	I	N
Federal Agencies (name) Medicare	С	P	I	D	S	\times	A	D	W	\times	P	I	N
Other (name) <u>Dept. Of Transportation</u>	\times	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) Protection Advocacy	\times	\times	I	\times	S	\times	A	D	W	M	X	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Olmstead Mental Health Grant** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma		on select	red)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	X	\times	D	W	M	X	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
ОМРР	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	X	A	D	W	\mathbb{X}	P	I	N
Dept. of Correction	С	P	I	D	S	X	A	D	W	X	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) NAMIKEY MHA	С	P	I	D	S	X	A	D	W	X	P	I	N
State Agencies (name) <u>IHFA, Dept. Of Commerce, IN Institute on Disability and Community</u>	С	P	I	D	S	X	A	D	W	X	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	I	\times	S	X	A	D	W	M	X	I	N

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- **S** = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Projects for Assistance in the Transition from Homelessness (PATH)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ted)	Fre	equei	ncy o	f Inte	racti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	Т	X	D	W	M	\times	I	N
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	N
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA													
ОМРР	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	М	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name) CMHCs	С	P	I	X	\times	X	\times	D	W	M	\times	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMHS</u>	C	P	I	X	X	X	A	D	W	M	X	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	X	S	X	A	D	W	M	X	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Quality Assurance** and **Research** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ted)	Fre	equei	ncy o	f Inte	eract	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	\times	D	W	X	P	I	N
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	\times
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	\times
DMHA													
ОМРР	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Education	C	P	I	D	S	Т	A	D	W	M	P	I	X
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name) Indiana University	С	\times	\times	\times	S	X	A	D	\times	M	P	I	N
Other (name) CMHCs and Addiction Providers	С	\times	\times	\times	S	T	A	D	\times	M	P	I	N

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Seriously Emotionally Disturbed Children (Systems of Care in Indiana Grant)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	\times	D	W	X	P	I	N
DFC	С	P	\times	\times	S	T	A	\times	W	M	P	I	N
DDARS	С	P	\times	\times	S	T	A	D	\times	M	P	I	N
DMHA													
OMPP	С	P	I	\times	S	T	A	\times	W	M	P	I	N
Dept. of Health	С	P	\times	D	S	T	A	\times	W	M	P	I	N
Dept. of Correction	С	P	\times	\times	S	T	A	D	\times	M	P	I	N
Dept. of Education	\times	P	I	D	S	T	A	\times	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	\times	X	\times	S	T	A	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) CMHS	С	P	I	\times	S	\times	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	I	\times	S	\times	A	D	W	M	P	I	N
Other (name) CMHCs and Addiction Providers	С	\times	X	\times	\times	T	A	X	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Shelter Plus Care Grant Project** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	A	D	W	M	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) Tri-city	С	P	I	\times	\times	T	\times	D	W	M	X	I	N
Local Agencies (name) Park Center, MIC	С	P	I	\times	\times	T	X	D	W	M	X	I	N
Local Agencies (name) Midtown	С	P	I	\times	\times	T	X	D	W	M	X	I	N
Local Agencies (name) Community MHC, Inc.	С	P	I	\times	\times	T	X	D	W	M	X	I	N
Federal Agencies (name) <u>HUD</u>	С	P	I	D	S	T	X	D	W	M	P	X	N
Other (name) <u>IHFA</u>	С	P	I	D	S	T	X	D	W	M	X	I	N

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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Substance Abuse Data Infrastructure Grant** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	X	\times	D	\times	M	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
DMHA													
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	I	\times	S	X	A	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) CMHCs and addiction providers	С	P	X	\times	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N

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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Substance Abuse Services / Gambler's Assistance** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	\times	D	W	\times	P	I	N
DFC	С	\times	I	D	S	T	A	D	W	M	\times	I	N
DDARS	С	\times	I	D	S	T	A	D	W	\nearrow	P	I	N
DMHA													
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	X	I	D	S	T	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) IN Council on Problem Gambling	С	P	X	\times	S	\times	X	D	W	\times	P	I	N
Local Agencies (name) IN Criminal Justice Institute	С	X	X	D	S	X	A	D	\times	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	I	\times	S	X	A	D	W	M	X	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	Р	I	N
Other (name) CMHCs & Addiction Providers	С	X	X	X	X	X	A	X	W	M	P	I	N

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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- **S** = Share Federal Funding federal funds are received by this program and distributed to another agency.
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Purpose: To understand the interagency connections between the division that administers the **Tobacco Sales to Minors (Synar Amendment)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ted)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	\times	D	W	X	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) STHTF Excise Police	С	P	X	\times	\times	X	\times	D	\times	M	P	I	N
Local Agencies (name) IN Criminal Justice Institute	С	\times	X	\times	\times	\times	\times	\times	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	С	P	I	\times	S	X	A	D	W	X	P	I	N
Other (name) Tobacco Agency	С	P	I	D	S	X	A	D	\times	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Services Block Grant (SSBG)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of an or			on select	ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	Т	A	D	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Services Block Grant - DDARS** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me	Ty ore th			racti y be s		ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	С	\times	I	D	\times	T	A	D	W	M	P	\times	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	Р	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- I = Implementation another agency assists in the conduct of this program.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Services Block Grant - DMHA** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me		pe of an on				ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	С	Р	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	\times	\times	D	\times	T	A	D	W	M	P	\times	N
ОМРР	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Service Block Grant - Department of Health** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eracti	i on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	Р	I	D	S	Т	A	D	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	\times	I	\times	S	T	A	D	W	M	P	\times	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Services Block Grant - DFC** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(M			f Inte			ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	Р	I	D	S	Т	A	D	W	M	P	I	N
DFC													
DDARS	С	\boxtimes	I	\times	S	T	A	D	W	M	P	I	\times
DMHA	С	\times	I	\times	S	T	A	D	W	M	P	I	\times
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Services Block Grant - Department of Corrections** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte		on select	ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	\times	I	\times	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
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Purpose: To understand the interagency connections between the division that administers the **Youth Service Bureaus** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(M			f Inte ne ma			ted)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	X	D	W	M	P	X	N
DFC													
DDARS	С	\times	I	\times	S	Т	A	D	W	M	P	\times	N
DMHA	С	\times	I	\times	S	Т	A	D	W	M	P	\times	N
OMPP	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Dept. of Health	С	\times	I	D	S	Т	A	D	W	M	P	\times	N
Dept. of Correction	С	\times	I	\times	S	T	A	D	W	M	P	\times	N
Dept. of Education	С	\times	I	\times	S	Т	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	X
Courts	\times	\times	\times	\times	S	\times	\times	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) Criminal Justice Institute	С	X	X	\times	\times	X	X	D	W	X	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers the **Children's Health Insurance Program (CHIP-Phase II)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	Т	\times	D	X	M	P	I	N
DFC	С	P	\times	D	S	T	A	\times	W	M	P	I	N
DDARS	С	P	I	D	S	Т	A	D	W	M	P	\times	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	\times	N
OMPP	\times	P	\times	\times	S	X	\times	\times	W	M	P	I	N
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	\times	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	X	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	I	\times	S	X	A	D	W	\searrow	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
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Purpose: To understand the interagency connections between the division that administers **Head Start Programs** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma		on select	red)	Fre	equer	ісу о	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	Т	A	D	W	M	P	\times	N
DFC	С	P	\times	\times	S	T	A	\times	W	M	P	I	N
DDARS	С	P	I	D	S	Т	A	D	W	M	P	\times	N
DMHA	C	P	I	\times	S	Т	A	D	W	M	\times	I	N
OMPP	C	P	I	\times	S	Т	A	D	W	M	\times	I	N
Dept. of Health	C	P	I	\times	S	Т	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	\times	N
Dept. of Education	С	P	X	\times	S	Т	A	D	W	M	P	\times	N
Dept. of Workforce Development	С	P	I	\times	S	Т	A	D	W	M	P	\times	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name) ACF	С	X	X	\times	S	Т	A	D	X	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	Ι	N
Other (name) <u>IDEM</u>	С	P	X	\times	S	Т	A	D	W	M	\times	Ι	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Step Ahead Comprehensive Early Childhood Grant Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma		on select	ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	\times	\times	S	\times	\times	X	W	M	P	I	N
DFC	С	\times	\times	\times	S	T	A	D	W	X	P	I	N
DDARS	С	P	I	\times	S	\times	A	D	W	\times	P	I	N
DMHA	С	P	I	\times	S	\times	A	D	W	\times	Р	I	N
ОМРР	С	Р	I	\times	S	Т	A	D	W	М	\times	I	N
Dept. of Health	С	\times	\times	\times	S	\times	A	D	W	\times	P	I	N
Dept. of Correction	С	Р	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	\times	X	\times	S	\times	A	D	W	X	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Agencies (name) Head Start	С	P	I	\times	S	T	A	D	W	\times	P	I	N
Agencies (name) Dept. Of Commerce	С	\times	\times	\times	S	\times	A	D	W	X	P	I	N
Agencies (name) Gov.'s office	С	\times	X	\times	S	T	A	D	W	X	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Aged, Blind, and Disabled Exams and Burials** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	X	\times	\times	\times	X	A	X	W	M	P	I	N
DFC	С	\times	\times	\times	S	\times	\times	\times	W	M	P	I	N
DDARS	С	P	I	D	S	\times	A	D	W	M	P	\times	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	\times
OMPP													
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	T	A	D	W	M	P	I	\times
Local Agencies (name) County DFCs	С	P	\times	\times	S	\times	\times	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) CMS	С	\times	I	D	S	T	A	D	W	M	P	\times	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) AG's office	С	P	I	D	S	X	A	D	W	M	P	\times	N
Other (name) Hearing & Appeals	С	P	I	\times	S	X	A	D	\times	M	P	I	N

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- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category** – **Aged** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma			ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	\times	I	\times	S	T	A	D	\times	M	P	I	N
DFC	С	\times	\times	\times	S	T	A	D	\times	M	P	I	N
DDARS	С	\times	I	\times	S	T	A	D	\times	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	\times	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)AAAs	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category** – **Blind** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me	Ty ore th		f Inte			ed)	Fre	eque	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	X	I	\times	S	T	A	D	\times	M	P	I	N
DFC	С	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	С	Р	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	Р	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	\times	S	T	A	D	W	\times	P	I	N
Dept. of Correction	С	Р	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid** Category – Breast and Cervical Cancer Screening and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of				ted)	Fre	equei	1су о	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	X	\times	D	\times	M	P	I	N
DFC	С	P	\times	D	S	T	\times	\times	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	С	\times	X	D	S	T	\times	D	\times	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	I	D	S	X	A	D	W	M	P	\times	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid** Category – Children Under the Age of 19 (CHIP - Phase I) and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma		on select	ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	\times	D	X	M	P	I	N
DFC	С	P	\times	D	S	T	A	\times	W	M	P	I	N
DDARS	С	P	I	D	S	Т	A	D	W	M	P	\times	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	\times	N
OMPP	\times	\times	\times	\times	S	X	\times	\times	W	M	P	I	N
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	\times	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	\times
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	X
Courts	С	P	I	D	S	T	A	D	W	M	P	I	\times
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	I	\times	S	X	A	D	W	\searrow	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid** Category – Children Aged 19 and 20 and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me		pe of				ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	\times	\times	\times	\times	X	\times	\times	W	M	P	I	N
DFC	\times	\times	X	\times	\times	\times	\times	\times	W	M	P	I	N
DDARS	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
DMHA	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	I	\times	S	T	A	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Low-Income Children** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of				ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	\times	\times	\times	\times	X	\times	\times	W	M	P	Ι	N
DFC	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
DDARS	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
DMHA	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	\times	S	T	A	D	W	M	X	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	I	\times	S	T	A	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category - Children in Psychiatric Facilities** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of				ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	\times	X	\times	D	W	X	P	I	N
DFC	С	P	\times	D	S	T	A	D	\times	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	\times	\times	S	T	A	D	W	\times	P	I	N
OMPP													
Dept. of Health	С	P	I	D	S	T	\times	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	\times	\times	S	T	A	D	\times	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Disabled** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe o f an or				ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	T	\times	D	W	M	P	I	N
DFC	С	P	\times	\times	\times	T	A	D	W	M	P	I	N
DDARS	С	P	I	D	\times	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Federal Agencies (name)CMS	С	X	I	D	S	T	A	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S =Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Program - General Program Information** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	\times	\times	\times	S	X	A	D	\mathbb{X}	M	P	I	N
DFC	С	P	I	\times	S	T	A	D	\times	M	P	I	N
DDARS	С	P	I	\times	S	T	A	D	\times	M	P	I	N
DMHA	С	P	I	\times	S	T	A	D	\times	M	P	I	N
OMPP													
Dept. of Health	С	\times	I	\times	S	T	A	\times	\times	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	\times	I	\times	S	T	A	D	W	\times	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS, HHS	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid** Category – Employees with Disabilities (M.E.D. Works Program) and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ted)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	D	S	Т	\times	D	W	M	P	I	N
DFC	С	\times	\times	D	S	\times	A	D	\times	M	P	I	N
DDARS	С	P	I	\times	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	\times	S	T	A	D	W	M	P	Ι	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Federal Agencies (name)CMS	С	P	I	\times	S	T	A	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Newborn Children** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of				ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	\times	\times	X	X	\times	X	W	M	P	I	N
DFC	\times	\times	\times	\times	\times	\times	\times	\times	W	M	Р	I	N
DDARS	\times	\times	\times	\times	\times	\times	\times	D	W	M	\times	I	N
DMHA	\times	\times	\times	\times	\times	\times	\times	D	W	M	P	\times	N
OMPP													
Dept. of Health	С	P	I	\times	S	T	A	D	W	M	X	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	I	\times	S	T	A	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid** Category – Pregnant Women (Full Coverage) and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma		on select	ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	\times	X	X	X	X	X	W	M	P	I	N
DFC	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	X	\times	\times	\times	\times	\times	\times	D	W	M	P	\times	N
ОМРР													
Dept. of Health	С	\times	\times	\times	S	\times	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	Ι	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	I	X	S	T	A	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers the **Medicaid** Category – Pregnant Women (Pregnancy-Related Coverage) and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte		on select	ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	\times	\times	\times	X	\times	X	W	M	P	I	N
DFC	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	\times	\times	\times	\times	\times	\times	\times	D	W	M	P	\times	N
OMPP													
Dept. of Health	С	\times	\times	\times	S	X	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	Ι	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	I	\times	S	Т	A	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- **D** = Data Sharing information derived from this program is shared with another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category** – **Qualified Individual-1 (QI-1)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ted)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	X	X	D	X	M	P	I	N
DFC	С	P	\times	D	\times	Т	A	\times	W	M	P	I	N
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)AAAs	С	P	I	D	S	Т	\times	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	X	X	\times	S	Т	A	D	\times	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N

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- **D** = Data Sharing information derived from this program is shared with another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Qualified Medicare Beneficiary (QMB)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	X	\times	D	\times	M	P	I	N
DFC	С	P	\times	D	\times	T	A	\times	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)AAAs	С	P	I	D	S	T	\times	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	X	X	\times	S	T	A	D	X	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid** Category – Qualified Disabled and Working Individuals and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma		on select	ted)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	X	X	D	W	M	P	I	X
DFC	С	P	\times	D	\times	Т	A	D	W	M	P	I	\times
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)AAAs	С	P	I	D	S	T	\times	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	X	X	\times	S	Т	A	D	X	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category - RBA-Related Medical Assistance** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma			ted)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	X	\times	D	\times	M	P	I	N
DFC	С	P	I	D	S	T	\times	D	\times	M	P	I	N
DDARS	С	\times	\times	D	S	T	A	D	W	\times	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	X	X	\times	S	T	A	D	X	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
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- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category** – **Refugee Medical Assistance** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			ted)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	X	\times	D	\times	M	P	Ι	N
DFC	С	P	I	D	S	T	\times	\times	W	M	P	I	N
DDARS	С	P	I	D	S	Т	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Federal Agencies (name)CMS	С	X	\times	\times	S	T	A	D	\times	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
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- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid** Category – Specified Low-Income Medicare Beneficiary (SLMB) and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte			ted)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	X	\times	D	\times	M	P	I	N
DFC	С	P	\times	D	\times	T	A	\times	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	Т	A	D	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) AAAs	С	P	I	D	S	T	\times	\times	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	С	X	X	\times	S	T	A	D	X	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
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Purpose: To understand the interagency connections between the division that administers the **Medicaid Category - Individuals Receiving Supplemental Security Income (SSI)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte ne ma			red)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	\times	S	T	A	D	W	M	X	I	N
DFC	C	P	I	\times	S	T	A	D	W	M	\times	I	N
DDARS	С	P	I	\times	S	T	A	D	W	\times	X	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	C	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category - Low-Income Families** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte ne ma		on select	ted)	Fre	equei	1су о	f Inte	racti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	\times	\times	\times	X	X	\times	W	M	P	I	N
DFC	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
DDARS	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
DMHA	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
OMPP													
Dept. of Health	С	P	I	\times	S	Т	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	\times	I	D	S	Т	A	D	W	M	P	I	\times
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	X	I	X	S	Т	A	D	W	M	X	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S =Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid** Category – Children who are Wards and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	X	\times	\times	\times	X	\times	X	W	M	P	I	N
DFC	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
DDARS	\times	\times	\times	\times	\times	\times	\times	D	W	M	P	I	N
DMHA	\times	\times	\times	\times	\times	\times	\times	D	W	M	P	\times	N
OMPP													
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	\times	\times	D	S	T	A	D	W	M	\times	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	I	\times	S	T	A	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver** - **Aged and Disabled (A&D)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	1су о	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	D	S	X	\times	\times	W	M	P	I	N
DFC	\times	P	\times	\times	S	\times	\times	\times	W	M	P	I	N
DDARS													
DMHA	С	Р	Ι	D	S	Т	Α	D	W	M	P	I	N
ОМРР	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
Dept. of Health	\times	P	\times	\times	S	\times	A	\times	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	X	P	I	\times	S	T	A	\times	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	X	\times	I	\times	\times	X	\times	\times	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver** - **Assisted Living** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	D	S	X	\times	D	W	M	\times	I	N
DFC	\times	P	\times	\times	S	\times	\times	D	W	M	\times	I	N
DDARS													
DMHA	С	Р	Ι	D	S	Т	A	D	W	M	Р	I	N
OMPP	\times	\times	\times	\times	\times	\times	\times	D	W	M	\times	I	N
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	\times	\times	I	X	\times	X	\times	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver** - **Autism** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	D	S	X	\times	D	W	M	\times	I	N
DFC	\times	P	\times	\times	S	\times	\times	D	W	M	\times	I	N
DDARS													
DMHA	С	Р	Ι	D	S	Т	Α	D	W	M	P	I	N
OMPP	\times	\times	\times	\times	\times	\times	\times	X	W	M	Р	I	N
Dept. of Health	\times	P	I	X	S	X	A	D	W	M	X	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	\times	\times	I	X	\times	X	\times	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
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- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver** - **Developmental Disability (DD)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	1су о	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	D	S	X	\times	D	W	M	X	I	N
DFC	\times	P	\times	\times	S	\times	\times	\times	W	M	P	I	N
DDARS													
DMHA	С	Р	Ι	D	S	Т	Α	D	W	M	P	I	N
ОМРР	\times	\times	\times	\times	\times	\times	\times	X	W	M	Р	I	N
Dept. of Health	\times	P	\times	\times	S	\times	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	Р	I	N
Dept. of Education	\times	P	\times	\times	S	\times	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	X	\times	I	\times	\times	X	\times	X	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver** - **Medically Fragile Children** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	D	S	X	X	D	W	M	X	I	N
DFC	\times	P	\times	\times	S	\times	\times	D	W	M	\times	I	N
DDARS													
DMHA	С	Р	I	D	S	Т	Α	D	W	M	P	I	N
OMPP	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	\times	P	I	\times	S	\times	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	\times	\times	I	\times	\times	\times	\times	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver** - **Support Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of				ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	D	S	X	\times	\times	W	M	P	I	N
DFC	\times	P	\times	\times	S	X	\times	\times	W	M	P	I	N
DDARS													
DMHA	С	Р	I	D	S	Т	A	D	W	M	P	I	N
OMPP	\times	\times	\times	\times	\times	\times	\times	\times	W	M	P	I	N
Dept. of Health	\times	P	I	\times	S	X	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	\times	P	\times	\times	S	X	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	\times	\times	I	\times	\times	X	\times	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

- C = Co-located Program the staff and other resources of this program are shared with another agency.
- **P** = Program Design another agency assists in the planning and design of this program.
- I = Implementation another agency assists in the conduct of this program.
- **D** = Data Sharing information derived from this program is shared with another agency.
- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
- T = Technical Support support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver** - **Traumatic Brain Injury (TBI)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte			ed)	Fre	equei	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	\times	P	I	D	S	X	X	D	W	M	X	I	N
DFC	\times	P	\times	\times	S	X	\times	\times	W	M	P	I	N
DDARS													
DMHA	С	Р	Ι	D	S	Т	A	D	W	M	P	I	N
ОМРР	\times	\times	\times	\times	\times	\times	\times	X	W	M	Р	I	N
Dept. of Health	\times	P	\times	X	S	X	A	D	W	M	\times	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	Р	I	N
Dept. of Education	\times	P	\times	X	S	X	A	D	W	M	\times	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)CMS	\times	\times	I	X	\times	X	\times	D	W	M	\times	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- S = Share Federal Funding federal funds are received by this program and distributed to another agency.
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Purpose: To understand the interagency connections between the division that administers the **Indiana Chronic Disease Management Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo			f Inte		on select	ed)	Fre	equei	1су о	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	X	I	\times	S	T	A	D	\times	M	P	I	N
DFC	С	P	I	\times	S	T	A	D	W	M	P	I	N
DDARS	С	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	С	\times	X	\times	S	\times	A	D	\times	M	P	I	N
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	N
Courts	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	P	I	D	S	\times	A	D	W	M	P	I	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	I	N

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- A = Administrative Support another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid** - **Disproportionate Share Hospital (DSH) Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Me			f Inte			ted)	Fre	eque	ncy o	f Inte	eracti	ion
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	P	I	X	S	Т	A	D	W	M	\times	I	N
DFC	С	P	I	D	S	Т	A	D	W	M	P	I	N
DDARS	С	P	I	\times	S	Т	A	D	W	\searrow	P	I	N
DMHA	С	P	I	\times	S	Т	A	D	W	\searrow	P	I	N
OMPP													
Dept. of Health	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Correction	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Education	С	P	I	D	S	Т	A	D	W	M	P	I	N
Dept. of Workforce Development	С	P	I	D	S	Т	A	D	W	M	P	I	N
Courts	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	X	X	X	S	Т	X	D	W	X	P	I	N
Federal Agencies (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	Т	A	D	W	M	P	I	N
Other (name)	С	P	I	D	S	T	A	D	W	M	P	Ι	N

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Purpose: To understand the interagency connections between the division that administers the **Indiana Long-Term Care Insurance Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	(Mo		pe of			on select	ed)	Fre	equei	ncy o	f Inte	eracti	on
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	С	X	I	\times	S	\times	A	D	W	X	P	I	N
DFC	С	\times	\times	D	S	T	A	D	W	\times	P	I	N
DDARS	С	P	I	\times	S	\times	A	D	W	M	P	\times	N
DMHA	С	P	I	D	S	T	A	D	W	M	P	I	\times
OMPP													
Dept. of Health	С	P	I	D	S	T	A	D	W	M	P	I	\times
Dept. of Correction	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Education	С	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Workforce Development	С	P	I	D	S	T	A	D	W	M	P	I	\times
Courts	С	P	I	D	S	T	A	D	W	M	P	I	\times
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)CMS	С	\times	I	D	S	T	A	D	W	M	P	\times	N
Federal Agencies (name)	С	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)Dept. Of Insurance	С	\times	\times	D	S	\times	A	D	\times	M	P	I	N
OtherPartnership Programs in 3 other states	С	P	I	D	S	T	A	D	W	M	P	I	N

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Program interaction inventories were not available for the following programs:

Senior Community Services Employment Program (Title V Senior Employment)

Special Projects

Emergency Assistance Services

Indiana Prescription Drug Program (HoosierRX)

Independent Living Program

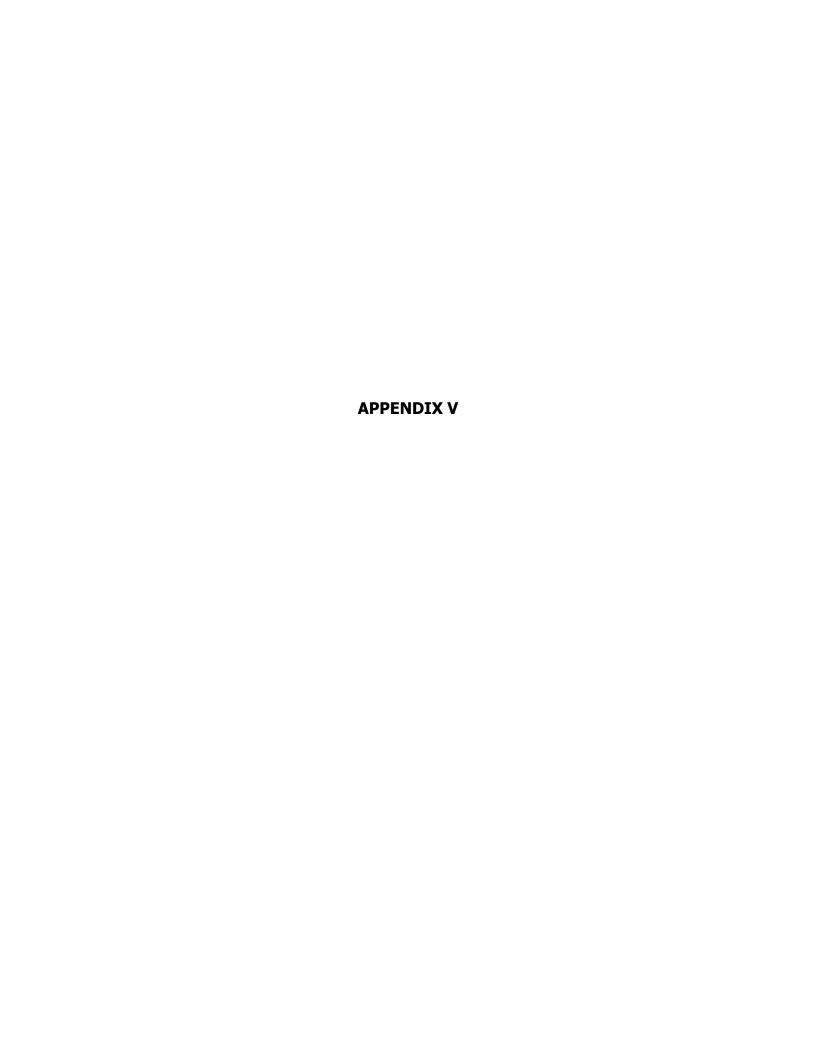
Special Needs Adoption Program (SNAP)

Temporary Emergency Food Assistance Program (TEFAP)

Family Preservation and Support Services (Title IV-B, Subpart 2)

Health Care Access Planning

Medical Services for Inmates and Patients (590 Program)



		2000		2001		2002	
Program Name	Contractor	Amount	No.	Amount	No.	Amount	No.
4-E Foster Care	Archodicese Of Indianapolis/Catholic Social Svc			\$36,000.00	1		
	Catholic Charities Of The Diocese Of Ft Wayne/So			\$92,834.00	1		
	Foster Care Services, Inc.			\$32,230.00	1		
	Foster Parent Services, Inc.			\$93,553.00	1		
	Foster Parent Training, Inc.			\$290,000.00	2		
	Four County Comprehensive Mental Health Ctr, In			\$24,570.00	1		
	Lutheran Social Services, Inc.			\$212,505.00	1		
	Madison Center, Inc.			\$33,220.00	1		
	Oaklawn Psychiatric Center, Inc.			\$136,485.00	2		
	Pleasant Run, Inc.	\$13,448.00	1				
	The Children's Bureau Of Indianapolis, Inc.			\$249,553.00	1		
	Youth Opportunity Center, Inc.			\$105,647.00	1		
4-E Foster Care Total		\$13,448.00	1	\$1,306,597.00	13		
Administrative Contract	Arthur Andersen LLP			\$47,334.00	1		
	Atlantic Management Center, Inc.	\$22,782.00	1	\$22,782.00	1		
	Blue & Company LLC	\$9,000.00	1				
	Creative Socio-Medics	\$1,336,460.83	1	\$1,384,460.83	1		
	Dmg-Maximus	\$2,902,309.00	1				
	Indiana Black Expo, Inc.			\$98,237.00	1		
	K. Sean Fleck			\$4,500.00	1		
	Maximus, Inc.			\$20,881,410.00	1		
	Northeast Indiana Business Assistance Corp					\$10,000.00) 1
Administrative Contract Total		\$4,270,551.83	4	\$22,438,723.83	6	\$10,000.00	1

Alcohol & Drug Abuse	Fairbanks Hospital, Inc.	\$262,707.50	2			
Micorial & Prag Ababa	Key Consumer Corporation, Inc.	Ψ202/101130		\$132,500.00	1	
	KPMG LLP			\$132,300.00	1	
Alcohol & Drug Abuse Total		\$262,707.50	2	\$356,500.00	2	
Blind Vending	Adam's Mark Hotel And Suites	,/		\$12,593.95	1	
3	Independent Vendors	\$0.00	29	\$0.00	5	
	Indiana Department Of Administration	φ0.00	23	\$0.00	1	
	Indiana University Sponored Research Svcs	\$22,000.00	1	\$22,000.00	1	
	, .	, ,	1	• •	2	
	Kathy Emata Metro Networks, Inc.	\$10,000.00	1	\$29,000.00	2	\$4,899.00 1
Blind Vending Total	Fictio Networks, Tile.	\$32,000.00	31	\$63,593.95	10	\$4,899.00 1
Child Care Development		, ,		· '		
Fund (CCDF)	Bona Vista Programs, Inc.	\$231,575.00	1			
	Community Action Of Northeast Indiana, Inc.	\$326,456.00	1			
	Family Development Services, Inc.	\$499,527.00	2			
	Hamilton Center, Inc.	\$128,758.00	1			
	Hopewell Center, Inc.	\$62,444.00	1			
	Kankakee-Iroquois Regional Plan.					
	Commission	\$267,180.00	1			
	Lincoln Hills Development Corporation	\$230,947.00	1			
CCDF Total		\$1,746,887.00	8		<u> </u>	
CCDF Administration	Aging And In-Home Services of NE Ind., Inc.	\$161,712.00	1			
CCDF Administration Total		\$161,712.00	1			
CCDF Child Care	Area V Agency On Aging & Community Svcs, Inc.			\$18,388,804.00	4	
	Community Action Program, Inc. of Western Indiana			\$3,998,150.00	4	
	Four County Comprehensive Mental Health Ctr, Inc.			\$1,401,614.00	1	
	Human Services, Inc.			\$8,404,583.00	3	

	Jackson County United Fund, Inc.		I	\$3,322,564.00	1	
	Jasper County Community Services, Inc.	\$718,259.00	1	\$1,689,845.00	1	
	Lieberman Associates Of Lake County, Llc	\$56,550,999.00	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Oaklawn Psychiatric Center, Inc.	7-2/22/22/2		\$13,738,327.00	1	
	Orange County Child Care Cooperative, Inc.			\$1,726,556.00	1	
	Philip Liberman and Associates, Inc.	\$887,801.00	1	, ,		
	Putnam County Comprehensive Services, Inc.	\$1,221,729.00	1			
	River Valley Resources, Inc.	, , ,		\$5,850,963.00	1	
	SE Indiana Economic Opportunity Corp.	\$1,446,295.00	1	, , ,		
	Workforce Development Services, Inc.	\$6,207,936.00	1			
CCDF Child Care Total		\$67,033,019.00	6	\$58,521,406.00	17	
CCDF ICES Total	Anthony Wayne Services/Post Master	\$7,000,000.00	1			
	Deliotte Consulting L.P.			\$28,865,749.00	1	
CCDF ICES Total		\$7,000,000.00	1	\$28,865,749.00	1	
	Area IV Agency/Aging & Community Action					
Ccdf Resource	Program	\$28,205.00	1			
	Blue River Services, Inc.	\$36,153.00	1			
	Blue Rivers Services, Inc.	\$31,121.00	1			
	Child-Adult Resource Services, Inc.	\$46,230.00	1			
	Combined Community Services, Inc.	\$43,947.00	1			
	Community & Family Services, Inc.	\$69,024.00	2			
	Community Care In Union Co., Inc.	\$30,330.00	1			
	Community Coordinated Child Care Of St.					
	Joseph Co.	\$183,691.00	2			
	Day Nursery Association Of Indianapolis, Inc.	\$476,271.00	3			
	D 1 1 C M 1 T	\$165,283.00	5			
	Dependent Care Management Inc.	φ103/203i00				
	Dependent Care Management Inc. Dubois-Pike-Warrick Economic Opportunity Committee	\$33,900.00	1			
	Dubois-Pike-Warrick Economic Opportunity		1			

Jackson County United Fund, Inc. Landmark Services, Inc. Lincoln Hills Development Corporation Marshall County Council On Aging, Inc. Neighbors, Inc./Childhood Alliance Ohio Valley Opportunities, Inc. Olio Valley Opportunities, Inc. Pulaski County Child Care Cooperative, Inc. Pulaski County Human Services, Inc. River Valley Resources, Inc. Southeastern Indiana Economic Opportunity Corp. Tippecanoe County Child Care, Inc. United Way of Wells County, Inc. Wabash Valley Human Services, Inc. Young Women'S Christian Assoc Of Richmond, Indiana Youth Action Community Coucil Of Boone Co., Inc. CCDF Resource Total CCDF Licensing Elizabeth Conce Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass Jan. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		— Human Services, Inc.	\$81,080.00	2				
Landmark Services, Inc. Lincoln Hills Development Corporation Lincoln Hills Development Corporation Marshall County Council On Aging, Inc. Neighbors, Inc./Childhood Alliance Neighbors, Inc./Childhood Alliance Ohio Valley Opportunities, Inc. Orange County Child Care Cooperative, Inc. Pulaski County Human Services, Inc. River Valley Resources, Inc. Southeastern Indiana Economic Opportunity Corp. Tippecanoe County Child Care, Inc. United Way Of Wells County, Inc. Wabash Valley Human Services, Inc. Wabash Valley Human Services, Inc. Fich Michael Lincoln Community Coucil Of Boone Co., Inc. CCOF Resource Total Elizabeth Coonce Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass Stanton Stanton Roxanne Snodgrass Stanton		·	, ,					
Lincoln Hills Development Corporation Marshall County Council On Aging, Inc. Neighbors, Inc./Childhood Alliance Ohio Valley Opportunities, Inc. Orange County Child Care Cooperative, Inc. Pulaski County Human Services, Inc. River Valley Resources, Inc. Southeastern Indiana Economic Opportunity Corp. Tippecanoe County Child Care, Inc. United Way Of Wells County, Inc. Wabash Valley Human Services, Inc. Young Women'S Christian Assoc Of Richmond, Indiana Youth Action Community Coucil Of Boone Co., Inc. CCDF Resource Total Eizabeth Coonce Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass State Office Cooperative, Inc. River Valley State Office Cooperative, Inc. State Office Cooperative Cooperative Cooperative Cooperative Cooperative Cooperative Cooperative Cooperative Cooperative		•	, ,	1				
Marshall County Council On Aging, Inc. \$40,470.00 1		•	, ,	2				
Neighbors, Inc./Childhood Alliance		• •	' '	1				
Ohio Valley Opportunities, Inc. Orange County Child Care Cooperative, Inc. Pulaski County Human Services, Inc. River Valley Resources, Inc. Southeastern Indiana Economic Opportunity Corp. Tippecanoe County Child Care, Inc. United Way Of Wells County, Inc. Wabash Valley Human Services, Inc. Sabash Valley Human Services, Inc. Wabash Valley Human Services, Inc. Wabash Valley Human Services, Inc. Young Women'S Christian Assoc Of Richmond, Indiana Youth Action Community Coucil Of Boone Co., Inc. CCDF Resource Total CCDF Licensing Elizabeth Coonce Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass Standard Roxanne Snodgrass Indiana University \$681,357.00 \$20,77.00 \$426,859.00 \$426,859.00 \$426,859.00 \$44			, ,	1				
Orange County Child Care Cooperative, Inc. Pulaski County Human Services, Inc. River Valley Resources, Inc. Southeastern Indiana Economic Opportunity Corp. Tippecanoe County Child Care, Inc. United Way Of Wells County, Inc. Wabash Valley Human Services, Inc. Young Women'S Christian Assoc Of Richmond, Indiana Youth Action Community Coucil Of Boone Co., Inc. CCDF Resource Total Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass Change Projects Indiana University Agape Respite Care, Inc. Bona Vista Programs, Inc. \$28,715.00 1 \$22,459,129.00 56 \$74,418.00 1 \$414,288.00 1 \$414,288.00 1 \$414,288.00 1 \$414,288.00 1 \$426,859.00 1 \$426,859.00 1 \$426,859.00 1 \$426,859.00 1 \$426,859.00 1 \$4426,859.00 1 \$440,000.00 2			, ,	2				
River Valley Resources, Inc. \$80,747.00 2		Orange County Child Care Cooperative, Inc.	\$31,010.00	1				
Southeastern Indiana Economic Opportunity Corp. Tippecanoe County Child Care, Inc. United Way Of Wells County, Inc. Wabash Valley Human Services, Inc. Young Women'S Christian Assoc Of Richmond, Indiana Youth Action Community Coucil Of Boone Co., Inc. *28,715.00 ** **CCDF Resource Total** **CCDF Licensing** Elizabeth Coonce **Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass ** **S1,626.00 ** **S1,626.00 ** **S1,626.00 ** **S1,626.00 ** ** **S1,626.00 ** ** **S1,73,842.00 ** ** ** ** ** ** ** ** ** ** ** ** *				1				
Corp.		River Valley Resources, Inc.	\$80,747.00	2				
Tippecanoe County Child Care, Inc. United Way Of Wells County, Inc. Wabash Valley Human Services, Inc. Young Women'S Christian Assoc Of Richmond, Indiana Youth Action Community Coucil Of Boone Co., Inc. CCDF Resource Total Elizabeth Coonce Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass CCDF Licensing Total CCDF Licensing Total CCDF Licensing Total CCDF Licensing Total Agape Respite Care, Inc. Bona Vista Programs, Inc. \$206,794.00 6 \$48,580.00 2 \$48,580.00 1 \$51,388.00 4 \$51,626.00 1 \$51,626.00 1 \$51,626.00 1 \$51,626.00 1 \$51,626.00 1 \$51,73,842.00 3 \$51,626.00 1 \$51,73,842.00 3 \$51,626.00 1 \$51,		Southeastern Indiana Economic Opportunity						
United Way Of Wells County, Inc.		Corp.	\$153,515.00	5				
Wabash Valley Human Services, Inc. \$71,388.00 4 Young Women'S Christian Assoc Of Richmond, Indiana \$65,067.00 1 Youth Action Community Coucil Of Boone Co., Inc. \$28,715.00 1		Tippecanoe County Child Care, Inc.	\$206,794.00	6				
Young Women'S Christian Assoc Of Richmond, Indiana Youth Action Community Coucil Of Boone Co., Inc. CCDF Resource Total Elizabeth Coonce Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass CCDF Licensing Total CCDF Licensing Total CCDF Licensing Total CCDF Licensing Total Agape Respite Care, Inc. Bona Vista Programs, Inc. Youth Action Assoc Of \$65,067.00 1 \$\$426,859.00 1 \$\$51,626.00 1 \$\$51,626.00 1 \$\$14,288.00 1 \$\$14,288.00 1 \$\$14,288.00 1 \$\$173,842.00 3 \$\$1426,859.00 1 \$\$426,859.00 1 \$\$426,859.00 1 \$\$426,859.00 1		United Way Of Wells County, Inc.	\$48,580.00	2				
Richmond, Indiana Youth Action Community Coucil Of Boone Co., Inc. CCDF Resource Total Elizabeth Coonce Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass CCDF Licensing Total SCDF Licensing Total SC		Wabash Valley Human Services, Inc.	\$71,388.00	4				
Co., Inc. \$28,715.00 1 CCDF Resource Total \$2,459,129.00 56 CCDF Licensing Elizabeth Coonce \$74,418.00 1 Excellent Quality Care, Inc. \$51,626.00 1 Roxanne Snodgrass \$85,136.00 1 CCDF Licensing Total \$51,626.00 1 \$173,842.00 3 Change Projects Indiana University \$681,357.00 1 \$426,859.00 1 Change Projects Total \$681,357.00 1 \$426,859.00 1 Child Abuse Challenge Agape Respite Care, Inc. \$25,000.00 1 Bona Vista Programs, Inc. \$40,000.00 2			\$65,067.00	1				
CCDF Licensing Elizabeth Coonce \$2,459,129.00 56 Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass \$51,626.00 1 \$14,288.00 1 CCDF Licensing Total \$51,626.00 1 \$173,842.00 3 Change Projects Indiana University \$681,357.00 1 \$426,859.00 1 Child Abuse Challenge Agape Respite Care, Inc. Bona Vista Programs, Inc. \$25,000.00 1 \$40,000.00 2		•	#20 71E 00	1				
Elizabeth Coonce \$74,418.00 1	CCDE Resource Total	CO., Inc.		_				
Excellent Quality Care, Inc. Michelle L. Newcomb Roxanne Snodgrass CCDF Licensing Total CCDF Licensing Total Change Projects Indiana University \$681,357.00 1 \$426,859.00 1 Change Projects Total Agape Respite Care, Inc. Bona Vista Programs, Inc.		Elizabeth Coopea	Ψ Σ /133/1 Σ 3100		¢74.419.00	1		
Michelle L. Newcomb \$14,288.00 1 Roxanne Snodgrass \$85,136.00 1 CCDF Licensing Total \$51,626.00 1 \$173,842.00 3 Change Projects Indiana University \$681,357.00 1 \$426,859.00 1 Change Projects Total \$681,357.00 1 \$426,859.00 1 Child Abuse Challenge Agape Respite Care, Inc. \$25,000.00 1 Bona Vista Programs, Inc. \$40,000.00 2	CCDF Licensing		154 656 60		\$74,410.00	1		
Roxanne Snodgrass \$85,136.00 1		- , ·	\$51,626.00	1	144,000,00			
CCDF Licensing Total \$51,626.00 \$173,842.00 3 Change Projects Indiana University \$681,357.00 1 \$426,859.00 1 Change Projects Total \$681,357.00 1 \$426,859.00 1 Child Abuse Challenge Agape Respite Care, Inc. \$25,000.00 1 Bona Vista Programs, Inc. \$40,000.00 2					, ,	1		
Change Projects Indiana University \$681,357.00 1 \$426,859.00 1 Change Projects Total \$681,357.00 1 \$426,859.00 1 Child Abuse Challenge Agape Respite Care, Inc. \$25,000.00 1 Bona Vista Programs, Inc. \$40,000.00 2	CCDE Linearing Total	Roxanne Snodgrass	#54 636 00			1		
Change Projects Total \$681,357.00 1 \$426,859.00 1 Child Abuse Challenge Agape Respite Care, Inc. \$25,000.00 1 Bona Vista Programs, Inc. \$40,000.00 2					\$1/3,842.00			
Child Abuse ChallengeAgape Respite Care, Inc.\$25,000.001Bona Vista Programs, Inc.\$40,000.002		Indiana University		1				1
Bona Vista Programs, Inc. \$40,000.00 2	Change Projects Total		\$681,357.00	1			\$426,859.00	1
	Child Abuse Challenge	Agape Respite Care, Inc.			\$25,000.00	1		
Cass Council For Mentally Retarded Citizens \$10,000.00 1		Bona Vista Programs, Inc.			\$40,000.00	2		
- Case Countries to Floridary Retailed Children		Cass Council For Mentally Retarded Citizens			\$10,000.00	1		

Child Abuse Prevention Services, Inc.			\$14,700.00	1
Children'S Bureau Of Indianapolis, Inc.	\$74,324.40	1		
Clark County Youth Shelter & Family				
Services, Inc.	\$30,346.20	1	\$5,000.00	1
Community & Family Resource Center, Inc.	\$92,122.00	1	\$34,000.00	1
Community Centers Of Indianapolis, Inc.			\$34,219.00	2
Crisis Center, Inc. A Youth Service Bureau	\$23,112.00	1	\$5,000.00	1
Crossroads Of America Council, Boy Scouts Of America	\$92,432.75	1	\$25,000.00	1
Decatur County Big Brothers And Big Sisters, Inc.			\$9,750.00	1
Dubois-Pike-Warrick Economic Opportunity Committee			\$8,300.00	1
Evansville Coalition For Thehomeless, Inc.			\$16,300.00	1
Family and Children's Counseling Center, Counseling			\$17,500.00	1
Family Focused Nurturing Services, Inc.			\$20,000.00	1
Family Resource Center	\$97,700.00	1	\$128,580.00	2
Four County Comprehensive Mental Health	,		. ,	
Centers.In '			\$24,900.00	1
Home Team Advantage, Inc.	\$90,000.00	1	\$226,334.00	3
Laporte Regional Health System, Inc.			\$50,000.00	2
Life Choices, Inc.	\$45,000.00	1	\$20,000.00	1
Lincoln Hills Development Corporation			\$11,100.00	1
Marshall Stare Development Center, Inc.			\$7,200.00	1
MDS Of Pike Township	\$20,000.00	1	\$10,000.00	1
Mental Health Association In Indiana, Inc.	\$58,050.00	1		
Mental Health Association In Putnam County			\$20,000.00	1
New Hope Services, Inc.			\$10,000.00	1
Orange County Child Care Cooperative, Inc.			\$20,000.00	1
Our Children, Our Future, Inc.			\$23,000.00	1

	Scan, Inc. The Child Abuse Prevention Council Of Bartholomew The Children's Bureau of Indianapolis, Inc. Vicki Ward Visiting Nurse Service, Inc. Wishard Memorial Foundation, Inc. Y-Med, Inc. Young Women's Christian Association Of Indianapolis	\$31,374.00 \$91,953.83	1	\$10,800.00 \$7,080.00 \$15,000.00 \$14,629.57 \$15,000.00 \$25,000.00	1 1 1 1 1		
Child Abuse Challenge Total		\$746,415.18	12	\$908,392.57	39		
Child Care Funds	Ann Hrivnak	\$35,100.00	1				
	Clifton Gunderson L.L.P.			\$32,780.00	1		
	Crowe, Chizek & Company, LLP			\$50,000.00	1		
	Indiana Consortium on Professional	¢400,000,00	4				
	Development	\$400,000.00	1	+00 000 00			
	Lisa Kolbus-Hausz	\$45,000.00	1	\$90,000.00	1		
	Myers And Stauffer LC	\$71,170.00	1				
	Neighbors, Inc. Childhood Alliance	\$100,000.00	1				
	Office Of The Fire Marshal	\$1,400,000.00	1				
	S & S Environmental, LLC	\$585,000.00	1				
	Sarah Killion	\$15,000.00	1				
	The Consultants Consortium, Inc.	\$1,891,535.00	1			\$221,140.00	1
	The Indiana Association Of Child Care Resource & R	\$6,099,288.00	2	\$406,690.00	1		
	Westaff (USA), Inc.	\$2,075,085.00	1	\$706,029.00	1		
Child Care Funds Total	\ II	\$12,717,178.00	12	\$1,285,499.00	5	\$221,140.00	1
Child Support Access & Visitation	Archodiocese Of Indianapolis/Catholic Social Services			\$36,000.00	1		
	Child Abuse Prevention Services, Inc.			\$30,000.00	1		

	Children and Family Services, Corporation Community and Family Resource Center, Inc. Family Services, Inc. Giant Steps Alternative Programs, Inc. Lake County Child Abuse Prevention Council, Inc. Marion Superior and Circuit Courts Network Step Ahead Of Kosciusko County, Inc. The Good Dad Association Incorporated			\$36,000.00 \$45,000.00 \$38,000.00 \$45,000.00 \$35,000.00 \$80,000.00 \$36,000.00 \$36,000.00	1 1 1 1 1 1 1		
Child Support Access & Visitation Total				\$450,000.00	11		
Child Welfare	Anthony Wayne Services/Post Master Indiana University Indiana University School Of Social Work	\$140,898.00	1	\$703,894.00	1	\$10,000,000.00	1
Child Welfare Total		\$140,898.00	1	\$703,894.00	1	\$10,000,000.0 0	1
Childrens Trust	Adult & Child Mental Health Center, Inc. Alternatives Incorporated Of Madison County Area Five Agency On Aging & Community Services, Inc. Big Brothers/Big Sisters Of Elkhart County, Inc. Big Sisters Of Central Indiana, Inc. Blue River Services, Inc. Brownstown Central Community School Corporation Campagna Academy, Inc. Center For Nonviolence, Inc.			\$27,892.00 \$30,163.00 \$18,817.00 \$36,557.00 \$8,712.00 \$13,070.00 \$37,716.00 \$12,612.00 \$25,338.00	1 1 1 1 1 1		

Child Abuse Prevention Services, Inc.	\$55,862.00	1	
Child-Adult Resource Services, Inc.	\$38,435.00	1	
Children And Family Services Corporation	\$21,780.00	1	
Christian Haven, Inc.	\$17,364.00	1	
Community Care In Union County, Inc.	\$17,423.00	1	
Community Mental Health Center, Inc.	\$12,640.00	1	
Decatur County Big Brothers And Big Sisters, Inc.	\$30,490.00	1	
Domestic Violence Network Of Greater Indianapolis, Inc.	\$8,712.00	1	
Dubois-Pike-Warrick Economic Opportunity Committee	\$18,860.00	1	
Education For Conflict Resolution, Inc.	\$64,823.00	1	
El Buen Vecino, The Good Neighbor, Inc.	\$5,000.00	1	
Evansville-Vanderburgh School Building Corporation	\$27,921.00	1	
Exchange Club Family Resource Center, Inc.	\$33,937.00	1	
Families United, Inc.	\$15,432.00	1	
Family & Children' S Centers Counseling & Development	\$68,525.00	1	
Family Focused Nurturing Services, Inc.	\$20,421.00	1	
Family Service Association Of Central Indiana, Inc	\$28,138.00	1	
Family Service Association Of Howard County, Inc.	\$35,822.00	1	
Family Services and Prevention Programs, Inc.	\$39,961.00	1	
Family Services Association of Monroe County, Inc.	\$41,468.00	1	
Family Services of Bartholomew County, Inc.	\$7,995.00	1	

Family Services, Inc.	\$73,879.00	1	
Floyd County Circuit Court	\$28,830.00	1	
Furthering Youth, Inc.	\$22,847.00	1	l
Gary Neighborhood Services, Inc.	\$23,901.00	1	
Hamilton Center, Inc.	\$20,855.00	1	
Healthy Families of Hamilton County	\$48,808.00	1	
Helping Our People Excel, Inc.	\$54,373.00	1	
Indiana Health Centers, Inc.	\$39,202.00	1	
Indiana Perinatal Network, Inc.	\$43,558.00	1	
Indiana University	\$30,490.00	1	
Interfaith Community Council, Inc.	\$27,683.00	1	
La Casa De Amistad, Inc.	\$5,000.00	1	
Laporte County Child Abuse Prevention Council, Inc	\$29,667.00	1	
Lifeline Youth And Family Services, Inc.	\$75,720.00	1	
Lincoln Hills Development Corporation	\$11,925.00	1	
Lutheran Child And Family Services of			
Indiana, Inc.	\$36,960.00	1	
Marion Community School Corporation	\$8,712.00	1	
Marshall-Starke Development Center, Inc.	\$23,005.00	1	l
Memorial Hospital of South Bend, Inc.	\$42,658.00	1	
Mental Health Association Of Lake County	\$26,814.00	1	l
New Castle Community School Corporation	\$41,318.00	1	
Noah's Ark Day Care Center, Inc.	\$26,135.00	1	
Noble, Inc.	\$21,780.00	1	
North Adams Community Schools	\$41,554.00	1	
Northwest Indiana Health Department of Cooperative	\$44,267.00	1	İ
Open Door Health Center, Inc.	\$23,125.00	1	

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Orange County Child Care Cooperative	\$17,430.00	1	
Peace Learning Center, Inc.	\$53,854.00	1	
Prevent Child Abuse Indiana	\$68,385.00	1	
PSI Services Iii, Inc.	\$49,550.00	1	
Putnam County Family Support Services, Inc.	\$34,355.00	1	
Rauch, Inc.	\$35,580.00	1	
Ripley County Family Services, Inc.	\$15,173.00	1	
Scan, Inc.	\$21,150.00	1	
South Central Community Mental Health			l
Centers, Inc	\$13,473.00	1	l
Stone Belt Arc, Inc.	\$36,298.00	1	
The Archdiocese Of Indianapolis/St. Elizabeth's	\$29,110.00	1	
The Board Of School Commissioners Of The City Of I	\$21,780.00	1	İ
The Bridgework Theater, Inc.	\$28,304.00	1	
The Child Abuse Prevention Council Of			
Bartholomew	\$26,885.00	1	
The Children's Bureau Of Indianapolis, Inc.	\$19,865.00	1	
The Stepping Stone Shelter For Women, Inc.	\$30,490.00	1	
The Villages Of Indiana, Inc.	\$46,551.00	1	l
United Health Services Of St. Joseph County,	+42 702 00		
Inc.	\$42,703.00	1	l
Wabash Valley Human Services, Inc.	\$28,705.00	1	l
White County Family Young Men's Christian Association	\$14,959.00	1]
Young Women's Christian Association Of Greater Lafayette	\$5,028.00	1	
Youth First Foundation, Inc.	\$43,558.00	1	
Youth Service Bureau Of Huntington County	\$9,891.00	1	

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	Youth Service Bureau Of Porter County, Inc.			\$33,644.00	1	
	Youth Service Bureau Of St. Joseph County, Inc.			\$54,756.00	1	
	Youth Service Bureau Of Wabash County, Inc.			\$18,014.00	1	
	Youth Service Bureau, Inc.			\$26,815.00	1	
Childrens Trust Total	Toutil Service Bureau, Inc.			\$2,521,258.00	83	
				\$2,321,230:00	00	
Children's Trust Personal Service	Indiana Youth Institute, Inc.	\$71,507.00	1			
Children's Trust Personal		¢71 F07 00				
Service Total	WDMC C	\$71,507.00				
CHIPS	KPMG Consulting LLC	\$363,250.00	1			
CHIPS Total		\$363,250.00	_1_			
CHIPS Administration	Brian Vargus	\$24,950.00	1			
	Daryce Kronenberger			\$14,692.50	1	
	Engquist, Pelring & Powell, Inc.	\$493,565.00	1			
CHIPS Administration Total	1	\$518,515.00	2	\$14,692.50	1	
Commodities	America's Second Harvest Food Bank Of Northwest In	\$228,512.00	1			
	Area Five Agency On Aging & Community Services, Inc.			\$78,186.00	1	
	Community & Family Services, Inc.	\$51,665.00	1			
	Community Action Of East Central Indiana, Inc.			\$69,221.00	1	
	Community Action Of Northeast Indiana, Inc.	\$150,307.00	1			
	Food Finders Food Bank, Inc.	\$154,419.00	1	\$141,364.00	1	
	Hoosier Uplands Economic Development Corp.			\$59,181.00	1	
	Human Services, Inc.			\$205,962.00	1	
	Haman Scrvices, Inc.		I	Ψ203,302.00	-1	

	North Central Community Action Agencies, Inc. Real Services, Inc. Second Harvest Food Bank Of East Central Indiana, Southeastern Indiana Economic Opportunity Corp.	\$204,690.00	1	\$55,237.00 \$169,381.00 \$55,390.00	1 1
	Terre Haute Catholic Charities Foodbank, Inc.	\$140,922.00	1		
	The Gleaners Food Bank Of Indiana, Inc.			\$808,860.00	2
	Tri-State Food Bank, Inc.			\$147,646.00	1
Commodities Total		\$930,515.00	6	\$1,790,428.00	11
Community Food &	Purdue University	\$72,460.00	1	\$72,876.00	1
Community Food & Total		\$72,460.00	1	\$72,876.00	1
Community Services	Action, Inc. Of Delaware And Grant Counties			\$149,410.00	1
	Area Five Agency On Aging And Community Services,			\$163,939.00	1
	Area IV Agency On Aging And Community Action Program			\$222,931.00	1
	Board Of Madison County/Jobsource			\$96,654.00	1
	Community Action Of East Central Indiana, Inc.			\$129,322.00	1
	Community Action Of Greater Indianapolis, Inc.			\$361,000.00	1
	Community Action Of Northeast Indiana, Inc.			\$289,118.00	1
	Community Action Program Of Evansville & Vanderburgh Co.			\$125,237.00	1
	Community Action Program, Inc. Of Western Indiana			\$181,303.00	1
	Community And Family Services, Inc.	\$243,401.00	1		

	Dubois-Pike-Warrick Economic Opportunity Committee Hoosier Uplands Economic Development Corporation			\$92,753.00 \$258,717.00	1		
	Human Services, Inc.			\$184,430.00	1		
	Interlocal Community Action Program, Inc.			\$125,493.00	1		
	LCEOC, Inc.			\$366,461.00	1		
	Lincoln Hills Development Corporation			\$88,428.00	1		
	North Central Community Action Agencies, Inc.			\$160,103.00	1		
	Ohio Valley Opportunities, Inc.			\$122,005.00	1		
	Real Services, Inc.			\$277,754.00	1		
	South Central Community Action Program, Inc.			\$160,941.00	1		
	Southeastern Indiana Economic Opportunity Corporation			\$159,983.00	1		
	Wabash Valley Human Services, Inc.			\$152,354.00	1		
	Western Indiana Community Action Agency, Inc.			\$140,693.00	1		
Community Services Total		\$243,401.00	1	\$4,009,029.00	22		
County Attorney	Ability Consulting Services, Inc.			\$10,000.00	1		
	ABT Associates, Inc.	\$2,700,006.00	1			\$4,070,729.00	1
	Alfred R. Gutstein			\$27,000.00	1		
	Allen, Allen & Allen			\$1,000.00	1		
	Baker & Bodwell			\$28,000.00	1		
	Bambs, Mucker, Bauman & Seeger			\$9,500.00	1		
	Barbara Bolling			\$45,000.00	1		
	Barbara Smith			\$18,000.00	1		
	Barbara Wyly			\$55,000.00	1		

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Barry A. Chambers			\$97,500.00	2	
Beverly Peters	\$15,000.00	1	\$18,500.00	1	
Brown, Linder, & Deprez			\$5,000.00	1	
Charles M. Crouse, Jr.			\$5,000.00	1	
Christopher M. Tebbe			\$6,500.00	2	
Craig Wason			\$19,000.00	1	
Cyracom International, Inc.	\$70,000.00	1			
David O. Givens			\$4,000.00	1	
Deanna Griswold			\$18,000.00	1	
Deborah Burke			\$38,500.00	1	
Debra Kaye Smith			\$15,000.00	1	
Dede K. Connor	\$50,000.00	1	\$62,500.00	2	
Dena Benham Martin			\$24,500.00	2	
Dennis Graft			\$24,000.00	1	
Don Darnell			\$5,000.00	1	
Douglas Hite			\$34,000.00	1	
Eckert, Alcorn & Goering			\$2,000.00	1	
Elizabeth Aelick			\$18,000.00	1	
Elizabeth Filipow	\$119,000.00	1			
Eric Ayer			\$7,000.00	1	
Eugene A. Stewart			\$5,000.00	1	
Eugene Fife			\$3,000.00	1	
Eugene Velazco			\$90,000.00	1	
Frank Di Palermo DBA Ability Consulting Services Inc			\$10,506.00	1	
Frank J. Cardis	\$65,000.00	1	\$72,500.00	2	
Friedman & Associates, P.C.			\$120,000.00	1	
Gambs, Mucker & Bauman			\$141,500.00	2	

George Loy			\$10,000.00	1	
George W. Loy			\$12,500.00	1	
Greg Hixenbaugh	\$74,500.00	1	\$100,000.00	1	
Greggory W. Hockemeyer			\$15,000.00	1	
Hanner, Hanner & Hanner			\$4,000.00	1	
Harry A. Siamas			\$13,500.00	1	
Harry Falk	\$5,750.00	1	\$31,700.00	2	
Haury & Woodward			\$16,500.00	1	
Hayes & Dant & Steiner			\$25,000.00	1	
Holder & Smith			\$2,000.00	1	
Holder Davis & Smith	\$22,500.00	1			
Hostetter & O'Hara			\$17,000.00	1	
Indiana University Institute For Family &					
Social R	\$100,000.00	1			
Jackson Township Trustee	\$3,600.00	1	\$3,600.00	1	
Janice E. Smith	\$52,915.00	1	\$124,000.00	1	
Jeffrey S. Arnold			\$11,500.00	1	
Jennifer Carpenter Hanley	\$65,000.00	1			
Jerry D. Stillwell			\$18,200.00	1	
Jerry L. Mccullum			\$35,200.00	1	
John Dorenbush			\$26,000.00	2	
John S. Antalis	\$10,800.00	1	\$1,500.00	1	
Jon Orlosky			\$50,000.00	1	
Joseph K. Wiley			\$3,000.00	1	
Joseph V. Simanski			\$1,000.00	1	
Julie Pottenger			\$5,000.00	1	
Katharine Vanost Jones			\$28,550.00	1	
Keaton & Keaton, P.C.			\$37,000.00	1	

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Kelly Rota-Autry	\$65,000.00	1	\$50,000.00	1	
Kerry Thompson			\$16,000.00	1	
Kevin N. Basey			\$6,800.00	1	
Kim M. Diotte			\$70,000.00	1	
Kris Meltzer			\$37,000.00	1	
Laurie J. Robertson	\$15,500.00	1	\$24,000.00	1	
Lawson, Pushor, Mote & Gamso			\$50,000.00	1	
Lewis & Miller & Robert D. Lewis			\$96,100.00	2	
Loren D. Reuter			\$25,500.00	1	
Louis D. Evans			\$12,125.00	1	
Luckett, Burgher & Pennington			\$11,000.00	1	
M. Bruce Scott			\$32,400.00	1	
Margaret A. Berry			\$15,000.00	1	
Mark C. Stamper	\$53,790.00	1	\$37,500.00	1	
Mark D. Clark			\$6,000.00	1	
Mary B. Goss			\$7,000.00	1	
Matthew D. Bailey	\$9,500.00	1	\$9,000.00	1	
Maurice E. Doll & Associates, Llc			\$2,500.00	1	
Mefford And Carpenter, Professional					
Corporation			\$92,000.00	1	
Merritt K. Alcorn			\$5,000.00	1	
Michael A. Douglass			\$9,000.00	1	
Michael Gotsch	\$64,500.00	1	\$78,000.00	1	
Michael Riley			\$15,000.00	1	
Michele Baber	\$18,000.00	1			
Michelle A. Cox			\$29,500.00	2	
Miranda Chamberlin	\$18,000.00	1			
Ned R. Carnall & Andrew J. Carnall, P.C.			\$21,000.00	1	

Nellie Simbol			\$45,000.00	1
Nichols, Wallsmith & Weaver			\$25,000.00	2
Peter S. Raventos			\$23,000.00	1
Peterson & Waggoneri			\$27,000.00	1
Petry & Fitzgerald			\$65,000.00	1
Phillips & Phillips Attornies At Law A Profession			\$19,000.00	1
Pritzke & Davis			\$36,025.00	1
Randy G. Hainlen			\$31,000.00	1
Rebecca L. Lockard			\$60,000.00	1
Rebecca R. Vent			\$35,000.00	1
Reed & Earhart			\$25,000.00	1
Reed And Springer			\$20,000.00	1
Richard B. Porter			\$16,500.00	1
Riester & Strueh			\$60,000.00	1
Robert A. Clamme			\$1,000.00	1
Robert A. Spahr			\$32,000.00	1
Rogers & Dove			\$30,000.00	1
Ronald E. Drury			\$50,000.00	1
S. Frank Mattox			\$23,000.00	1
Salvador Vasquez	\$50,000.00	1	\$60,000.00	1
Sarah Houston Dicks	\$5,978.50	1	\$8,000.00	1
Sheryl Pherson	\$12,600.00	1	\$20,000.00	1
Stanley A. Gamso			\$19,000.00	1
Stephen L. Hunyadi			\$35,000.00	1
Stephen Ross Galvin			\$62,000.00	1
Susan M. Presley	\$50,000.00	1	\$51,156.00	1
Suzan Dillon Myers			\$14,000.00	1

	Tammi M. Forster	\$50,000.00	1	\$50,000.00	1	
	Teresa L. Kline	\$106,000.00	1	4-0/0000		
	Theressa Holland	,		\$3,000.00	1	
	Thomas L. Hulse			\$25,000.00	1	
	Thomas M. Hakes			\$15,000.00	1	
	Thomas P. O'Connor			\$5,000.00	1	
	Tiede Metz Downs Lynn & Schlitt, P.C.			\$20,000.00	1	
	Toby Gill	\$91,666.00	1			
	Traci Katterheinrich	\$18,000.00	1	\$18,000.00	1	
	Umpleby & Umpleby			\$8,000.00	1	
	Vangilder & Trzynka			\$140,000.00	1	
	Waldschmidt & Werner			\$24,500.00	1	
	Whiteman, Shappell & Burkett			\$15,000.00	1	
	William W. Deems			\$22,500.00	1	
County Attorney Total		\$3,982,605.50	29	\$3,627,862.00	132	\$4,070,729.00 1
County Attorney Total CSBG	Cheryl Uhbelhor	\$3,982,605.50 \$23,050.00	29 1	\$3,627,862.00	132	\$4,070,729.00 1
-	Cheryl Uhbelhor	1		\$3,627,862.00	132	\$4,070,729.00 1
CSBG	Cheryl Uhbelhor Community Aciton Of Greater Indianapolis, Incorpor	\$23,050.00		\$3,627,862.00	132	\$4,070,729.00 1
CSBG CSBG Total	Community Aciton Of Greater Indianapolis,	\$23,050.00 \$23,050.00	1	\$3,627,862.00	132	\$4,070,729.00 1
CSBG CSBG Total	Community Aciton Of Greater Indianapolis, Incorpor Hoosier Uplands Economic Development	\$23,050.00 \$23,050.00 \$30,000.00	1	\$3,627,862.00	132	\$4,070,729.00 1
CSBG Total CSBG Discretionary	Community Aciton Of Greater Indianapolis, Incorpor Hoosier Uplands Economic Development	\$23,050.00 \$23,050.00 \$30,000.00 \$20,000.00	1 1 1	\$3,627,862.00 \$69,952.00	132	\$4,070,729.00 1
CSBG Total CSBG Discretionary CSBG Discretionary Total	Community Aciton Of Greater Indianapolis, Incorpor Hoosier Uplands Economic Development Corporation Developmental And Behavioral Evaluation	\$23,050.00 \$23,050.00 \$30,000.00 \$20,000.00	1 1 1		1 1	\$4,070,729.00 1
CSBG Total CSBG Discretionary CSBG Discretionary Total	Community Aciton Of Greater Indianapolis, Incorpor Hoosier Uplands Economic Development Corporation Developmental And Behavioral Evaluation Services Inc.	\$23,050.00 \$23,050.00 \$30,000.00 \$20,000.00	1 1 1	\$69,952.00	132 1 1 1	\$4,070,729.00 1
CSBG Total CSBG Discretionary CSBG Discretionary Total	Community Aciton Of Greater Indianapolis, Incorpor Hoosier Uplands Economic Development Corporation Developmental And Behavioral Evaluation Services Inc. Developmental Diagnostics, Inc	\$23,050.00 \$23,050.00 \$30,000.00 \$20,000.00	1 1 1	\$69,952.00 \$40,150.50	1 1 1 1	\$4,070,729.00 1

	Raymond R. Bucur, Ph.D., PC, DBA Psychological And			\$61,512.50	1	
DD Total	i sychological And			\$542,055.00	6	
DDARS - Administration	Dilworth Paxson, LLP	\$20,000.00	1	·		
	Joe Skiba	\$11,525.00	1			
	John Oliver, Consultation Services	\$59,000.00	1			
	Memorial Health System, Inc.	\$46,500.00	1			
DDARS - Administration Total		\$137,025.00	4			
DDARS Transition	Cfa, Inc., Dba Celia S. Feinstein & Associates, In			\$65,945.00	1	
	National Association Of State Directors Of Develop	\$16,000.00	1			
	The Center For Outcome Analysis	\$1,065,600.00	1			
	Indiana University	\$178,050.00	1			
DDARS Transition Total		\$1,259,650.00	3	\$65,945.00	1	
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Deaf Services	Anthony Wayne Rehabilitation Center For The Handicapped	, , , , , , , , , , , , , , , , , , , ,		\$35,000.00	2	
Deaf Services		\$15,450.00	1		2	
Deaf Services	The Handicapped		1 1	\$35,000.00		
Deaf Services	The Handicapped Crossroads Rehabilitation Center, Inc.	\$15,450.00	1	\$35,000.00 \$80,000.00	1	
Deaf Services	The Handicapped Crossroads Rehabilitation Center, Inc. Deaf Services, Inc.	\$15,450.00	1	\$35,000.00 \$80,000.00 \$19,500.00	1	
Deaf Services	The Handicapped Crossroads Rehabilitation Center, Inc. Deaf Services, Inc. Evansville Goodwill Industries, Inc. Janet Lancaster/South Central Indiana	\$15,450.00	1 1 1	\$35,000.00 \$80,000.00 \$19,500.00 \$19,500.00	1 1 1	
Deaf Services	The Handicapped Crossroads Rehabilitation Center, Inc. Deaf Services, Inc. Evansville Goodwill Industries, Inc. Janet Lancaster/South Central Indiana Interpreting Joanne Erfurth/Professional Interpreters For	\$15,450.00 \$6,000.00	1 1	\$35,000.00 \$80,000.00 \$19,500.00 \$19,500.00 \$12,000.00	1 1 1	
Deaf Services	The Handicapped Crossroads Rehabilitation Center, Inc. Deaf Services, Inc. Evansville Goodwill Industries, Inc. Janet Lancaster/South Central Indiana Interpreting Joanne Erfurth/Professional Interpreters For The D	\$15,450.00 \$6,000.00	1 1	\$35,000.00 \$80,000.00 \$19,500.00 \$19,500.00 \$12,000.00	1 1 1 1	

Deaf Services Total		\$24,450.00	3	\$215,500.00	10		
Disability Determination	Bruce H. Whitley, M.D.			\$198,000.00	1		
	Carol Pautsch, MS/ CCC-SLP			\$25,000.00	1		
	Debra Casey, CCC-SP	\$65,000.00	1				
	Diamond Detective Agency, Inc.			\$275,000.00	1		
	Fernando R. Montoya, M.D.			\$340,000.00	1		
	Frank J. Lavallo, M.D.			\$184,600.00	1		
	Indiana Disability Determination Consultants, LLC			\$5,400,000.00	1		
	Integra Management & Business Services			\$750,000.00	1		
	J. Valentine Corcoran, M.D.			\$549,120.00	1		
	Jennifer Knotts, CCC-SLP	\$65,000.00	1	\$150,000.00	1		
	Jonathan Bader Sands, M.D.	\$360,000.00	1			\$760,000.00	1
	Juan F. Maya, M.D.			\$90,000.00	1		
	L & M Med Tech, Inc.			\$106,720.00	1		
	Madeleine D. Thomas, M.Ed., CCC-SLP			\$90,000.00	1		
	Richard Wenzler, M.D.			\$998,400.00	1		
	XLC Services	\$418,763.00	1	\$453,763.00	1		
Disability Determination Total		\$908,763.00	А	¢0 610 603 00	14	\$760,000.00	
TOLAI	Community Astion Of Constant Indiananalia	\$906 ₇ /03.00	-	\$9,610,603.00	14	\$760,000.00	_
Discretionary	Community Action Of Greater Indianapolis, Inc.	\$250,000.00	1				
	Family Services Association Of Central Indiana, In	\$22,500.00	1				
	Hoosier Uplands Economic Development Corporation	\$50,000.00	1				
	Indiana Black Expo, Inc.	\$15,000.00	1				
	Purdue University	\$924,445.00	1				
Discretionary Total		\$1,261,945.00	5				

DMH	Division Of Mental Health State Of Indiana			\$5,882,645.00	1	
DMH Total				\$5,882,645.00	1	
DMH Administration	C. Kramer & Company	\$25,000.00	1			
	Crowe, Chizek And Company, Llp	\$25,000.00	1			
	Indiana University	\$68,820.00	1			
	Indiana University Psychiatric Associates, Inc.			\$150,000.00	1	
	James G. Wolf	\$25,000.00	1			
	Mental Health Association In Indiana, Inc.	\$7,500.00	1	\$7,500.00	1	
	SLC Indianapolis LLC DBA Sheraton					
	Indianapolis Hot	\$40,000.00	1			
DMH Administration Total		\$191,320.00	6	\$157,500.00	2	
ОМН МСР	Aaron Alan Bennett	\$10,950.00	1			
	Adult And Child Mental Health Center, Inc.			\$0.00	1	
	Behaviorcorp, Inc.			\$0.00	1	
	Calvin Reginald Dubose	\$8,000.00	1			
	Center For Mental Health, Inc.			\$0.00	1	
	Community Hospitals Of Indiana, Inc./Gallahue Ment			\$0.00	1	
	Community Mental Health Center, Inc.			\$0.00	1	
	Comprehensive Mental Health Services, Inc.			\$0.00	1	
	Crowe, Chizek And Company, LLP	\$911,553.00	1	\$74,000.00	2	
	Cummins Mental Health Center, Inc.			\$0.00	1	
	David Nicholas Goodrich			\$6,000.00	1	
	Dunn Mental Health Center, Inc.			\$0.00	1	
	Edgewater Systems For Balanced Living, Inc.			\$0.00	1	
	Family And Social Services Administration			\$300,000.00	1	
	Four County Comprehensive Mental Health Center, Inc.			\$0.00	1	
	Frank Armond Loop			\$6,000.00	1	

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Grant-Blackford Mental Health, Inc.			\$0.00	1			
Hamilton Center, Inc.			\$0.00	1			
Health & Hospital Corporation/Midtown Comm Mental			\$0.00	1			
Health Care Excel, Incorporated			\$50,000.00	1			
Howard Community Hospital/Howard Psychiatric			\$0.00	1			
Indiana Behavioral Health Choices, Inc.			\$32,600.00	1			
Indiana Criminal Justice Institute			\$1,132,046.00	3			
Indiana State Department Of Corrections					\$40,000.00	1	
Indiana State Department Of Health	\$1,000.00	1	\$1,338,600.00	2			
Indiana University	\$146,179.45	1	\$1,885,427.00	7			
Intecare, Inc.			\$0.00	1			
James G. Wolf			\$185,916.00	1			
James R. Stoll	\$12,500.00	1					
Jess Eugene Neal	\$8,000.00	1					
Joseph Jacob Guzik			\$6,000.00	1			
Julie Dijkstra	\$12,500.00	1					
Kevin Wayne Gibson			\$6,000.00	1			
Knox County Hospital/Samaritan Center			\$0.00	1			
Laporte County Comprehensive/Swanson Center			\$0.00	1			
Madison Center, Inc.			\$0.00	1			
Marion County Mental Health Association			\$187,847.00	1			
Matt Allen Campbell			\$6,000.00	1			
Maximus, Inc.			\$493,340.00	1			
Mental Health Association In Indiana, Inc.			\$7,500.00	1			
Michael G. Bates			\$6,000.00	1			
Michael Lee Mueller	\$6,000.00	1					

Michael Thomas Dilay		1	¢6,000,00	ا،
Michael Thomas Riley	42 F21 72C 00		\$6,000.00	1
Midtown Community Mental Health Center	\$3,531,726.00	1	+C11 C00 00	
NISYS, Inc.			\$614,600.00	1
Northeastern Center, Inc.			\$0.00	1
Oaklawn Pshychiatric Center, Inc.			\$0.00	1
Park Center, Inc.			\$0.00	1
Porter-Starke Services, Inc.			\$0.00	1
Quinco Consulting Center, Inc/Quinco Behavioral He			\$0.00	1
Robert Edwin Frantz	\$6,000.00	1		
Robert James Gambill			\$6,000.00	1
Rosemary Carney			\$60,000.00	1
Sharon Steadman			\$24,500.00	1
South Central Community Mental Health/Center For			\$0.00	1
Southern Indiana Mental Health/Lifespring Mental Health				
Southlake Community Mental Health/Southlake			\$0.00	1
Southlake/Tri-City Management Corp. /Geminus Corp	\$1,186,811.00	1	\$1,858,459.00	1
Southwestern Indiana Mental Health Center, Inc.			\$0.00	1
St. Margaret Mercy Healthcare Centers, Inc.			\$0.00	1
St. Vincent Hospital And Health Care Center,				
Inc.			\$0.00	1
The Board Of Trustees Of The Univ. of Illinois			\$200,000.00	1
The Children's Bureau Of Indianapolis, Inc.			\$0.00	1
The Otis R. Bowen Center For Human Services, Inc.			\$0.00	1

\$0.00 1

	The Salvation Army/Harbor Light Center The Southern Hills Counseling Center Incorporated The Villages Of Indiana, Inc. Thomas A. Smith, Ph.D.		\$0.00 \$0.00 \$0.00 \$84,000.00	1 1 1		
	Tri-City Comprehensive Community Mental Health Cen Trimeridian, Inc.		\$0.00	1	\$378,628.00	1
	Universal Behavioral Services Community Mental Health Volunteers Of America Of Indiana, Inc.		\$0.00 \$0.00	2	\$37 0, 020.00	
	Wabash Valley Hospital, Inc. William M. Mercer, Incorporated		\$0.00 \$0.00 \$191,200.00	1		
DMH MCP Total		\$5,841,219.45 12	\$8,768,035.00	74	\$418,628.00	3
DOE Leaveraging Citizens Gas	Dubois-Pike-Warrick Economic Opportunity Corporation		\$18,715.84	1		
DOE Leaveraging Citizens Gas Total			\$18,715.84	1		
Doe Weatherization	Action, Inc. Of Delaware And Grant Counties					
			\$351,220.00	1		
	Area Five Agency On Aging And Community Services,		\$351,220.00 \$325,528.00	1		
	Area Five Agency On Aging And Community Services, Area IV Agency On Aging And Community Action Program		, ,	1 1 1		
	Area Five Agency On Aging And Community Services, Area IV Agency On Aging And Community Action Program Board Of Madison County By And Through/Jobsource		\$325,528.00	1 1 1		
	Area Five Agency On Aging And Community Services, Area IV Agency On Aging And Community Action Program Board Of Madison County By And Through/Jobsource Community Action Of East Central Indiana, Inc.		\$325,528.00 \$343,390.00	1 1 1 1		
	Area Five Agency On Aging And Community Services, Area IV Agency On Aging And Community Action Program Board Of Madison County By And Through/Jobsource Community Action Of East Central Indiana,		\$325,528.00 \$343,390.00 \$241,790.00	1 1 1 1 1 1		

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	Community Action Program Of Evansville And Vanderburgh		\$355,556.00	1	
	Community Action Program, Inc. Of Western Indiana		\$249,404.00	1	
	Community And Family Services		\$306,944.00	1	
	Dubois-Pike-Warrick Economic Opportunity Committee		\$179,498.00	1	
	Hoosier Uplands Economic Development Corporation		\$522,012.00	1	
	Human Services, Inc.		\$331,638.00	1	
	Interlocal Communtiy Aciton Program, Inc.		\$217,632.00	1	
	LCEOC, Inc.		\$791,970.00	1	
	Lincoln Hills Development Corporation		\$166,696.00	1	
	National Association Of State Community Services P		\$8,000.00	1	
	North Central Community Action Agencies, Inc.		\$269,000.00	1	
	Ohio Valley Opportunities, Inc.		\$212,240.00	1	
	Real Services, Inc.		\$567,144.00	1	
	South Central Community Action Program, Inc.		\$334,204.00	1	
	Southeastern Indiana Economic Opportunity Corp.		\$228,112.00	1	
	Wabash Valley Human Services, Inc.		\$274,358.00	1	
	Western Indiana Community Action Program, Inc.		\$296,474.00	1	
DOE Weatherization Total			\$8,366,908.00	24	
	Indiana Community Action Association,				
DOE/Oil Overcharge	Incorporated		\$374,811.00	1	
DOE/Oil Overcharge Total			\$374,811.00	1	

Dts Total	Happy Software					\$25,699.25	1
DTS Total						\$25,699.25	1
Early Childhood Conference	Riverside Hospital Corporation	\$74,590.00	1				
Early Childhood Conference Total		\$74,590.00	1				
EBT	Citicorp Electronic Financial Services, Inc.					\$33,580,811.00	1
	Maximus, Inc.			\$300,000.00	1		
	Robert K. Eskew					\$27,917.50	1
	TKV Consulting, Inc.	\$166,825.00	1				
Ebt Total		\$166,825.00	1	\$300,000.00	1	\$33,608,728.5 0	2
Evansville Psych. Child	3X Corporation	\$60,000.00	1				
	Community Action Program Of Evansville And Vanderburgh			\$0.00	1		
	Ireland & Luzio Behavioral Services, Inc.			\$39,312.00	1		
	Monica Hochgesang, Rd			\$20,664.00	1		
	National Association Of State Mental/Nasmhph/			\$4,867.00	1		
	Southwestern Indiana Mental Health Center			\$519,173.00	1		
Evansville Psych. Child Total		\$60,000.00	1	\$584,016.00	5		
Evansville St. Hospital	Francis A. Britt, Jr. R.Ph.			\$59,904.00	1		
	Jeffrey D. Hunter, M.D.	\$31,000.00	1				
	Pharmacy System, Inc.			\$237,000.00	1		
Evansville St. Hospital Total		\$31,000.00	1	\$296,904.00	2		
Family Violence	Albion Fellows Bacon Center, Inc.	\$76,700.00	2				
	Alternatives Incorporated Of Madison County	\$43,416.00	1				
	Breaking Free, Inc.	\$54,025.00	1				
	Center For Nonviolence, Inc.	\$17,743.00	1				

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City Of Gary	\$60,348.00	1
Columbus Regional Shelter For Victims Of	+50,000,00	
Domestic Violence	\$50,000.00	1
Community Centers Of Indianapolis, Inc.	\$25,000.00	1
Council On Domestic Abuse, Inc.	\$45,573.00	1
Crisis Connection, Inc.	\$30,760.00	1
Family Crisis Shelter of Montgomery Co., Inc	\$49,296.00	1
Family Service Assn of Central Indiana, Inc	\$25,417.00	1
Family Service Society, Inc.	\$18,000.00	1
Family Svcs of Delaware Co. Indiana, Inc.	\$37,500.00	1
Family Services of Elkhart Co., Inc.	\$52,308.00	1
Haven House, Inc.	\$63,658.00	1
Indiana Coalition Against Sexual Assault, Inc.	\$22,920.00	1
Indiana Women's Prison	\$81,157.00	1
Knox County Task Force Against Domestic		
Violence	\$57,853.00	1
Kosciusko County Shelter For Abuse, Inc.	\$46,025.00	1
Marion County Family Advocacy Center, Inc.	\$36,800.00	1
Middle Way House, Incorporated	\$48,000.00	1
North Central Rural Crisis Center, Inc.	\$24,000.00	1
Prevail Inc. Of Hamilton County	\$10,600.00	1
Safe Passages Inc.	\$20,000.00	1
St Jude House, Inc.	\$20,000.00	1
The Caring Place, Inc.	\$25,000.00	1
The Center For Women And Families	\$35,000.00	1
The Julian Center, Inc.	\$40,062.00	1
The Salvation Army: An Illinois Corporation	\$41,667.00	1
The Stepping Stone Shelter For Women, Inc.	\$49,622.00	1

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Young Women's Christian Assn of St. Joseph Young Women's Christian Assn of Evansville Young Women's Christian Assn of Ft Wayne Young Women's Christian Assn of Ft Wayne Young Women's Christian Assn of Greater Lafayette Young Women's Christian Assn of Greater Lafayette Young Women's Christian Assn of Richmond In St. 13,969.00 St. 1 Wolfere Total Children And Family Services Corporation Christian Haven, Incorporated Clark Co. Youth Shelter & Family Svcs, Inc. Family Connection, Inc. Gibault School For Boys Gibault School For Boys Hmilton Centers Youth Service Bureau, Inc. Hoosier Boys' Town, Inc. Hoosier Boys' Town, Inc. Ind. United Methodist Children's Home, Inc. N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Children's Campus, Inc. The Children's Campus, Inc. The Children's Campus, Inc. The Villages Of Indiana \$243,437.84 1			\$50.249.00	1		
Young Women's Christian Assn of Evansville				1		
Young Women's Christian Assn of Ft Wayne Young Women's Christian Assn of Greater Lafayette Young Women's Christian Assn of Richmond In \$1,500.00 \$2,500.00 \$38 Steral IV-E Independent Children And Family Services Corporation Christian Haven, Incorporated \$8,989.00 \$1 Clark Co. Youth Shelter & Family Svcs, Inc. Family Connection, Inc. Gibault School For Boys Hamilton Centers Youth Service Bureau, Inc. Hoosier Boys' Town, Inc. Hoosier Boys' Town, Inc. Ind. United Methodist Children's Home, Inc. N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Children's Campus, Inc. The Villages Of Indiana \$243,437.84 1		,	• •	1		
Young Women's Christian Assn of Greater Lafayette Young Women's Christian Assn of Richmond In \$7,500.00 1 #### \$1,513,969.00 38 #### \$1,513,969.00 38 ##### Christian Haven, Incorporated Christian Haven, Incorporated Clark Co. Youth Shelter & Family Svcs, Inc. Family Connection, Inc. Gibault School For Boys Hamilton Centers Youth Service Bureau, Inc. Hoosier Boys' Town, Inc. Ind. United Methodist Children's Home, Inc. N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Children's Campus, Inc. The Villages Of Indiana \$243,437.84 1			, ,	1		
State Stat		Young Women's Christian Assn of Greater		1		
Children And Family Services Corporation \$60,244.00 1		-	\$7,500.00	1		
Christian Haven, Incorporated Clark Co. Youth Shelter & Family Svcs, Inc. Family Connection, Inc. Gibault School For Boys Hamilton Centers Youth Service Bureau, Inc. Hoosier Boys' Town, Inc. Ind. United Methodist Children's Home, Inc. N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Villages Of Indiana \$88,989.00 1 \$70,141.00 1 \$43,930.12 1 \$31,289.00 1 \$\$31,289.00 1 \$\$30,979.85 1 \$\$43,937.85 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$43,930.12 1 \$\$52,933.81 1 \$\$52,933.81 1	Family Violence Total		\$1,513,969.00	38		
Clark Co. Youth Shelter & Family Svcs, Inc. Family Connection, Inc. Gibault School For Boys Hamilton Centers Youth Service Bureau, Inc. Hoosier Boys' Town, Inc. Ind. United Methodist Children's Home, Inc. N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Villages Of Indiana \$70,141.00 \$43,930.12 1 \$36,987.15 1 \$31,289.00 1 \$30,979.85 1 \$32,048.00 1 \$99,048.00 1 \$41,096.46 1 The Cambridge House Center For Advancement of Behavior \$5,337.00 1 The Children's Bureau Of Indianapolis, Inc. \$52,933.81 1 The Villages Of Indiana	Federal IV-E Independent	Children And Family Services Corporation	\$60,244.00	1		
Family Connection, Inc. Gibault School For Boys Hamilton Centers Youth Service Bureau, Inc. Hoosier Boys' Town, Inc. Ind. United Methodist Children's Home, Inc. N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Children's Campus, Inc. The Villages Of Indiana \$243,437.84 \$36,987.15 1 \$31,289.00 1 \$31,289.00 1 \$30,979.85 1 \$32,048.00 1 \$32,048.00 1 \$441,096.46 1 The Cambridge House Center For Advancement of Behavior \$5,337.00 1 The Children's Bureau Of Indianapolis, Inc. \$52,933.81 1 The Villages Of Indiana		Christian Haven, Incorporated	\$88,989.00	1		
Gibault School For Boys Hamilton Centers Youth Service Bureau, Inc. Hoosier Boys' Town, Inc. Ind. United Methodist Children's Home, Inc. N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Villages Of Indiana \$36,987.15 1 \$31,289.00 1 \$430,979.85 1 \$32,048.00 1 \$94,048.00 1 \$41,096.46 1 \$41,096.46 1 \$5,337.00 1 \$5,337.00 1 \$52,933.81 1 \$443,437.84 1		Clark Co. Youth Shelter & Family Svcs, Inc.	\$70,141.00	1		
Hamilton Centers Youth Service Bureau, Inc. Hoosier Boys' Town, Inc. Ind. United Methodist Children's Home, Inc. N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Villages Of Indiana \$31,289.00 \$\$1 \$\$45,753.75 \$\$1 \$\$32,048.00 \$\$1 \$\$432,048.00 \$\$1 \$\$41,096.46 \$\$1 \$\$41,096.46 \$\$1 \$\$52,933.81 \$\$1 \$\$1 \$\$52,933.81 \$\$1		Family Connection, Inc.	\$43,930.12	1		
Hoosier Boys' Town, Inc. Ind. United Methodist Children's Home, Inc. N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Villages Of Indiana \$65,753.75 1 \$30,979.85 1 \$32,048.00 1 \$94,048.00 1 \$41,096.46 1 \$55,337.00 1 \$53,337.00 1 \$55,337.00 1 \$55,337.00 1 \$55,337.00 1 \$55,337.00 1 \$552,933.81 1 \$552,933.81 1		Gibault School For Boys	\$36,987.15	1		
Ind. United Methodist Children's Home, Inc. N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Villages Of Indiana \$30,979.85 \$32,048.00 \$41 \$94,048.00 \$1 \$41,096.46 \$55,337.00 \$		Hamilton Centers Youth Service Bureau, Inc.	\$31,289.00	1		
N.O.A.H., Neighbors Organized To Assist Humanity, Pyramids, Inc. The Archdiocese Of Indianapolis Dba St. Elizabeth's The Cambridge House Center For Advancement of Behavior The Children's Bureau Of Indianapolis, Inc. The Children's Campus, Inc. The Villages Of Indiana \$32,048.00 \$41,096.46 \$41,096.46 \$52,337.00 \$52,337.00 \$52,331.96 \$52,933.81 \$5243,437.84		Hoosier Boys' Town, Inc.	\$65,753.75	1		
Humanity, \$32,048.00 1 Pyramids, Inc. \$94,048.00 1 The Archdiocese Of Indianapolis Dba St. Elizabeth's \$41,096.46 1 The Cambridge House Center For Advancement of Behavior \$5,337.00 1 The Children's Bureau Of Indianapolis, Inc. \$92,311.96 1 The Children's Campus, Inc. \$52,933.81 1 The Villages Of Indiana \$243,437.84 1		Ind. United Methodist Children's Home, Inc.	\$30,979.85	1		
The Archdiocese Of Indianapolis Dba St. Elizabeth's \$41,096.46 1 The Cambridge House Center For Advancement of Behavior \$5,337.00 1 The Children's Bureau Of Indianapolis, Inc. \$92,311.96 1 The Children's Campus, Inc. \$52,933.81 1 The Villages Of Indiana \$243,437.84 1		, , ,	\$32,048.00	1		
Elizabeth's \$41,096.46 1 The Cambridge House Center For Advancement of Behavior \$5,337.00 1 The Children's Bureau Of Indianapolis, Inc. \$92,311.96 1 The Children's Campus, Inc. \$52,933.81 1 The Villages Of Indiana \$243,437.84 1		Pyramids, Inc.	\$94,048.00	1		
Advancement of Behavior \$5,337.00 1 The Children's Bureau Of Indianapolis, Inc. \$92,311.96 1 The Children's Campus, Inc. \$52,933.81 1 The Villages Of Indiana \$243,437.84 1			\$41,096.46	1		
The Children's Campus, Inc. \$52,933.81 1 The Villages Of Indiana \$243,437.84 1			\$5,337.00	1		
The Villages Of Indiana \$243,437.84 1		The Children's Bureau Of Indianapolis, Inc.	\$92,311.96	1		
		The Children's Campus, Inc.	\$52,933.81	1		
United Methodist Youth Home, Inc. \$111,656.18 1		The Villages Of Indiana	\$243,437.84	1		
		United Methodist Youth Home, Inc.	\$111,656.18	1		

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	Wernle Children's Home Inc.	\$42,048.00	1			
	White's Residential And Family Services, Inc.	\$97,944.89	1			
	Whitington Homes & Services For Children And Families	\$53,092.63	1			
	Youth Opportunity Center, Inc.	\$95,845.02	1			
Federal IV-E Independent Total		\$1,390,113.66	20			
First Steps	Abilities Unlimited, Inc. Disability Services	\$48,000.00	1			
	CG Consulting, L.L.C.			\$74,790.00	1	
	Dmg-Maximus, Inc.	\$573,280.00	1			
	First Steps Of Allen County, Inc.	\$48,000.00	1			
	Indiana University			\$1,337,587.00	1	
	Linville Services Corporation	\$75,464.00	1			
	Marion County First Steps Council, Inc.	\$78,000.00	1			
	Pda Software Services, Inc.	\$680,000.00	1	\$2,466,409.00	2	
	The Asher Agency, Inc.	\$457,000.00	1	\$907,000.00	1	
	The Lake County First Steps Council, Inc.	\$78,704.00	1			
	Wabash Center, Inc.	\$80,864.00	1			
First Steps Total		\$2,119,312.00	9	\$4,785,786.00	5	
First Steps/Part-H	Adec, Inc.	\$35,290.00	1			
	Aging & Community Services Of South Central Ind, I	\$31,607.00	1			
	Area Five Agency On Aging & Community Services, In	\$15,400.00	1			
	Area Iv Agency On Aging & Community Action Program	\$16,048.00	1			
	Blackford County Step Ahead Council, Inc.	\$15,400.00	1			
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	Blue River Services, Inc.	\$46,200.00	1			

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Bridgepointe Goodwill Industries & Easter Seal Society	\$34,650.00	1
Cardinal Center, Inc.	\$28,875.00	1
Carey Services, Inc.	\$27,653.00	1
Cass Council For Mentally Retarded Citizens, Inc.	\$30,800.00	1
Cdc Resources, Inc.	\$15,400.00	1
Child-Adult Resources Services, Inc.	\$40,090.00	1
Christole, Inc.	\$15,400.00	1
Clay County First Steps/Step Ahead Council	\$15,400.00	1
Community Action Program, Inc. Of Western		
Indiana	\$94,777.00	1
Community & Family Resource Center, Inc.	\$32,728.00	1
Community & Family Services, Inc.	\$15,400.00	1
Community Care In Union County, Inc.	\$15,400.00	1
Council On Aging Of Starke County, Inc.	\$15,400.00	1
Decatur County Community Schools	\$15,400.00	1
Dekalb Co Parent Group For Handicapped Children, Inc.	\$58,503.00	1
Dunn Memorial Hospital	\$19,878.00	1
Fayette County School Corporation	\$21,342.00	1
First Steps Of Allen County, Inc.	\$64,272.00	1
Four County Comprehensive Mental Health Center Inc	\$30,800.00	2
Four Rivers Resource Services, Inc.	\$61,600.00	1
Gibson Co. Area Rehabilitation Centers, Inc.	\$15,400.00	1
Hamilton Center, Inc.	\$35,989.00	1
Henry County Step Ahead Council, Inc.	\$17,036.00	1
Hillcroft Services, Inc.	\$35,290.00	1

Indiana Resource Center For Families With Special \$63,471.00 1 Jasper County Community Services, Inc. \$15,400.00 1 Jay-Randolph Developmental Services, Inc. \$30,800.00 1 Jennings County Step Ahead Council, Inc. \$15,400.00 1 Lakeland School Corporation \$15,400.00 1 Laporte County First Steps Council, Inc. \$32,014.00 1 Lincoln Hills Development Corporation \$30,800.00 1 Madison County Step Ahead Council, Inc. \$39,293.00 1 Marion Co. First Steps Council, Inc. \$28,405.00 1 Marion County First Steps Council, Inc. \$145,837.00 2 Monroe County Step Ahead Council, Inc. \$17,367.00 1 New Hope Services, Inc. \$17,367.00 1 New Horizons Rehabilitation, Inc. \$61,600.00 1 Newton County Council On Aging & \$15,400.00 1 Opportunity Service \$15,400.00 1 Opportunity Enterprises, Inc. \$15,400.00 1 Orange County Rehabilitative & \$15,400.00 1 Passages, Inc. \$15,400.00 1 Passages, Inc. \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$15,400.00 1 Philip Lieberman & Associates, Inc. \$15,400.00 1 Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Southern Indiana Resource Solutions, Inc. \$38,089.00 1	Human Services, Inc.	\$20,246.00	1
Jasper County Community Services, Inc. Jay-Randolph Developmental Services, Inc. Jennings County Step Ahead Council, Inc. Lakeland School Corporation Laporte County First Steps Council, Inc. Lincoln Hills Development Corporation Madison County Step Ahead Council, Inc. Lincoln Hills Development Corporation Madison County Step Ahead Council, Inc. Marion Co. First Steps Council, Inc. Marion County First Steps Council, Inc. Marion County First Steps Council, Inc. Marion County Step Ahead Council, Inc. Marion County Step Ahead Council, Inc. Monroe County Step Ahead Council, Inc. New Hope Services, Inc. New Horizons Rehabilitation, Inc. New Horizons Rehabilitation, Inc. Newton County Council On Aging & Community Service Ohio Valley Opportunities, Inc. Opportunity Enterprises, Inc. Orange County Rehabilitative & Developmental Services \$15,400.00 1 Passages, Inc. Pathfinder Services, Inc. \$15,400.00 1 Pathfinder Services, Inc. Philip Lieberman & Associates, Inc. Pike County Caring For Children Council, Inc. Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Shares, Inc. \$56,518.00 1	Indiana Resource Center For Families With		
Jay-Randolph Developmental Services, Inc. Jennings County Step Ahead Council, Inc. Lakeland School Corporation Laporte County First Steps Council, Inc. Lincoln Hills Development Corporation Madison County Step Ahead Council, Inc. Marion Co. First Steps Council, Inc. Marion County First Steps Council, Inc. Marion County First Steps Council, Inc. Marion County First Steps Council, Inc. Marion County First Steps Council, Inc. Marion County Step Ahead Council, Inc. Monroe County Step Ahead Council, Inc. New Hope Services, Inc. New Horizons Rehabilitation, Inc. New Horizons Rehabilitation, Inc. Newton County Council On Aging & Community Service Ohio Valley Opportunities, Inc. Opportunity Enterprises, Inc. Orange County Rehabilitative & Developmental Services Passages, Inc. Pathfinder Services, Inc. Philip Lieberman & Associates, Inc. Pike County Caring For Children Council, Inc. Pike County Comprehensive Svcs, Inc. State, 940.00 1 Shares, Inc. \$15,400.00 1	Special	\$63,471.00	1
Jennings County Step Ahead Council, Inc. \$15,400.00 1 Lakeland School Corporation \$15,400.00 1 Laporte County First Steps Council, Inc. \$32,014.00 1 Lincoln Hills Development Corporation \$30,800.00 1 Madison County Step Ahead Council, Inc. \$39,293.00 1 Marion Co. First Steps Council, Inc. \$28,405.00 1 Marion County First Steps Council, Inc. \$145,837.00 2 Monroe County Step Ahead Council, Inc. \$35,130.00 1 New Hope Services, Inc. \$17,367.00 1 New Horizons Rehabilitation, Inc. \$61,600.00 1 Newton County Council On Aging & \$15,400.00 1 Community Service \$15,400.00 1 Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$19,250.00 1 Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc.	Jasper County Community Services, Inc.	\$15,400.00	1
Lakeland School Corporation \$15,400.00 1 Laporte County First Steps Council, Inc. \$32,014.00 1 Lincoln Hills Development Corporation \$30,800.00 1 Madison County Step Ahead Council, Inc. \$39,293.00 1 Marion Co. First Steps Council, Inc. \$28,405.00 1 Marion County First Steps Council, Inc. \$145,837.00 2 Monroe County Step Ahead Council, Inc. \$35,130.00 1 New Hope Services, Inc. \$17,367.00 1 New Horizons Rehabilitation, Inc. \$61,600.00 1 Newton County Council On Aging & Community Service \$15,400.00 1 Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$35,450.00 1 Orange County Rehabilitative & Developmental Services \$15,400.00 1 Passages, Inc. \$19,250.00 1 Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc. \$16,948.00 1 Putnam County Comprehensive Svcs, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	Jay-Randolph Developmental Services, Inc.	\$30,800.00	1
Laporte County First Steps Council, Inc. Lincoln Hills Development Corporation Madison County Step Ahead Council, Inc. Marion Co. First Steps Council, Inc. Marion County First Steps Council, Inc. Marion County First Steps Council, Inc. Marion County Step Ahead Council, Inc. Monroe County Step Ahead Council, Inc. New Hope Services, Inc. New Horizons Rehabilitation, Inc. New Horizons Rehabilitation, Inc. Newton County Council On Aging & Community Service Ohio Valley Opportunities, Inc. Opportunity Enterprises, Inc. Orange County Rehabilitative & Developmental Services Passages, Inc. Pathfinder Services, Inc. Philip Lieberman & Associates, Inc. Pike County Caring For Children Council, Inc. Shares, Inc. Shares, Inc. S12,401.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jennings County Step Ahead Council, Inc.	\$15,400.00	1
Lincoln Hills Development Corporation \$30,800.00 1 Madison County Step Ahead Council, Inc. \$39,293.00 1 Marion Co. First Steps Council, Inc. \$28,405.00 1 Marion County First Steps Council, Inc. \$145,837.00 2 Monroe County Step Ahead Council, Inc. \$35,130.00 1 New Hope Services, Inc. \$17,367.00 1 New Horizons Rehabilitation, Inc. \$61,600.00 1 Newton County Council On Aging & \$15,400.00 1 Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$35,450.00 1 Orange County Rehabilitative & \$15,400.00 1 Passages, Inc. \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$15,400.00 1 Philip Lieberman & Associates, Inc. \$15,400.00 1 Philip Lieberman & Associates, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1	Lakeland School Corporation	\$15,400.00	1
Madison County Step Ahead Council, Inc. \$39,293.00 1 Marion Co. First Steps Council, Inc. \$28,405.00 1 Marion County First Steps Council, Inc. \$145,837.00 2 Monroe County Step Ahead Council, Inc. \$35,130.00 1 New Hope Services, Inc. \$17,367.00 1 New Horizons Rehabilitation, Inc. \$61,600.00 1 Newton County Council On Aging & Community Service \$15,400.00 1 Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$35,450.00 1 Orange County Rehabilitative & Developmental Services \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$19,250.00 1 Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	Laporte County First Steps Council, Inc.	\$32,014.00	1
Marion Co. First Steps Council, Inc. \$28,405.00 1 Marion County First Steps Council, Inc. \$145,837.00 2 Monroe County Step Ahead Council, Inc. \$35,130.00 1 New Hope Services, Inc. \$17,367.00 1 New Horizons Rehabilitation, Inc. \$61,600.00 1 Newton County Council On Aging & Community Service \$15,400.00 1 Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$35,450.00 1 Orange County Rehabilitative & Developmental Services \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$19,250.00 1 Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	Lincoln Hills Development Corporation	\$30,800.00	1
Marion County First Steps Council, Inc. \$145,837.00 2 Monroe County Step Ahead Council, Inc. \$35,130.00 1 New Hope Services, Inc. \$17,367.00 1 New Horizons Rehabilitation, Inc. \$61,600.00 1 Newton County Council On Aging & Community Service \$15,400.00 1 Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$35,450.00 1 Orange County Rehabilitative & Developmental Services \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$19,250.00 1 Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	Madison County Step Ahead Council, Inc.	\$39,293.00	1
Monroe County Step Ahead Council, Inc. \$35,130.00 1 New Hope Services, Inc. \$17,367.00 1 New Horizons Rehabilitation, Inc. \$61,600.00 1 Newton County Council On Aging & Community Service \$15,400.00 1 Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$35,450.00 1 Orange County Rehabilitative & Developmental Services \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$19,250.00 1 Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	Marion Co. First Steps Council, Inc.	\$28,405.00	1
New Hope Services, Inc. \$17,367.00 1 New Horizons Rehabilitation, Inc. \$61,600.00 1 Newton County Council On Aging & Community Service \$15,400.00 1 Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$35,450.00 1 Orange County Rehabilitative & Developmental Services \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$19,250.00 1 Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	Marion County First Steps Council, Inc.	\$145,837.00	2
New Horizons Rehabilitation, Inc. Newton County Council On Aging & Community Service Ohio Valley Opportunities, Inc. Opportunity Enterprises, Inc. Orange County Rehabilitative & Developmental Services Passages, Inc. Pathfinder Services, Inc. Philip Lieberman & Associates, Inc. Putnam County Comprehensive Svcs, Inc. Rauch, Inc. \$61,600.00 \$15,400.00 \$15,400.00 \$15,400.00 \$15,400.00 \$170. \$170. \$17	Monroe County Step Ahead Council, Inc.	\$35,130.00	1
Newton County Council On Aging & S15,400.00 1 Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$35,450.00 1 Orange County Rehabilitative & Developmental Services \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$19,250.00 1 Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	New Hope Services, Inc.	\$17,367.00	1
Community Service \$15,400.00 1 Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$35,450.00 1 Orange County Rehabilitative & Developmental Services \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$19,250.00 1 Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	New Horizons Rehabilitation, Inc.	\$61,600.00	1
Ohio Valley Opportunities, Inc. \$15,400.00 1 Opportunity Enterprises, Inc. \$35,450.00 1 Orange County Rehabilitative & Developmental Services \$15,400.00 1 Passages, Inc. \$15,400.00 1 Pathfinder Services, Inc. \$19,250.00 1 Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1		\$15,400,00	1
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Philip Lieberman & Associates, Inc. \$40,734.00 1 Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	Passages, Inc.	\$15,400.00	1
Pike County Caring For Children Council, Inc. \$15,400.00 1 Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	Pathfinder Services, Inc.	\$19,250.00	1
Putnam County Comprehensive Svcs, Inc. \$16,948.00 1 Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	Philip Lieberman & Associates, Inc.	\$40,734.00	1
Rauch, Inc. \$34,009.00 1 Shares, Inc. \$56,518.00 1	Pike County Caring For Children Council, Inc.	\$15,400.00	1
Shares, Inc. \$56,518.00 1	Putnam County Comprehensive Svcs, Inc.	\$16,948.00	1
,	Rauch, Inc.	\$34,009.00	1
Southern Indiana Resource Solutions, Inc. \$38,089.00 1	Shares, Inc.	\$56,518.00	1
	Southern Indiana Resource Solutions, Inc.	\$38,089.00	1

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	Sycamore Rehabilitation Svcs/Hendricks Co.	\$30,967.00	1				
	The Association for Retarded Citizens of	¢1F 400 00	4				
	Wabash Valley	\$15,400.00	1				
	The Lake County First Steps Council, Inc.	\$61,870.00	1				
	United Health Svcs Of St. Joseph Co., Inc.	\$15,400.00	1				
	United Way Of Wells County, Inc.	\$15,400.00	1				
	Vevay-Switzerland County Foundation, Inc.	\$15,400.00	1				
	Wabash Valley Human Services, Inc.	\$15,400.00	1				
	Wayne Co. Council /Retarded Citizens, Inc.	\$29,846.00	1				
	White County Step Ahead, Inc.	\$15,400.00	1				
	Workforce Investment Board of Southwest						
	Indiana, Inc.	\$15,400.00	1				
	Young Women's Christian Assn, Kokomo, IN	\$28,405.00	1				
First Steps/Part-H Total		\$2,063,501.00	70				
Food Stamp Investigative	Ana Sieber, The Spanish Connection			\$8,000.00	1		
	Charles A. Miller/Covington & Burling	\$10,000.00	1				
	Cognos Corporation	\$181,606.00	1				
	Loomis, Fargo & Co.			\$150,000.00	1		
Food Stamp Investigative							
Total		\$191,606.00	2	\$158,000.00	2		
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Fort Wayne Sdc	Anthony Wayne Services			\$278,777.00	2		
Fort Wayne Sdc	Anthony Wayne Services Business Health Services				2		
Fort Wayne Sdc				\$278,777.00	2 1 1		
Fort Wayne Sdc	Business Health Services			\$278,777.00 \$40,000.00	2 1 1	\$729,019.50	1
Fort Wayne Sdc	Business Health Services Charles Mccalla IV, MD Columbus Medical Services, LLC Goodwill Industries Of Northeast Indiana,			\$278,777.00 \$40,000.00 \$18,000.00	2 1 1	\$729,019.50	1
Fort Wayne Sdc	Business Health Services Charles Mccalla IV, MD Columbus Medical Services, LLC			\$278,777.00 \$40,000.00	2 1 1 1	\$729,019.50	1
Fort Wayne Sdc	Business Health Services Charles Mccalla IV, MD Columbus Medical Services, LLC Goodwill Industries Of Northeast Indiana,			\$278,777.00 \$40,000.00 \$18,000.00	2 1 1 1	\$729,019.50	1
Fort Wayne Sdc	Business Health Services Charles Mccalla IV, MD Columbus Medical Services, LLC Goodwill Industries Of Northeast Indiana, Inc.			\$278,777.00 \$40,000.00 \$18,000.00 \$0.00	2 1 1 1	\$729,019.50 \$726,000.00	1

	Summit Radiology, PC Sunburst Chemicals			\$60,000.00 \$105,292.50	1 1	
	The Arc Of Northeast Indiana, Inc.			\$0.00	1	
Fort Wayne Sdc Total		\$20,000.00	1	\$541,669.50	9	\$1,455,019.50 2
Foster Care	Dmg-Maximus, Inc.	\$72,345.00	1			
Foster Care Total		\$72,345.00	1			
Fss - Housing	Area IV Agency On Aging And Community Action Program	\$2,237.00	1			
	Community Action Of East Cent. Indiana Inc.	\$745.00	1			
	Community Action Inc. Of Western Indiana	\$1,489.00	1			
	Community Action of Greater Indpls, Inc.	\$8,572.00	1			
	Community Action Program Of Evansville And Denderb	\$1,866.00	1			
	Human Services, Inc.	\$12,669.00	1			
	Interlocal Community Action Program, Inc.	\$2,237.00	1			
	Ohio Valley Opportunities, Inc.	\$745.00	1			
	South Cent. Community Action Program, Inc.	\$16,395.00	1			
	SE Ind. Economic Opportunity Corp.	\$745.00	1			
Fss - Housing Total		\$47,700.00	10			
Fssa Administration	Giga Information Group, Inc.			\$40,190.00	1	
	Myers And Stauffer, Lc			\$96,660.00	1	
	The Law Firm of Sommers & Barnard			\$15,000.00	1	
Fssa Administration To	otal			\$151,850.00	3	
Gambling Hotline	Indiana Criminal Justice Institute			\$1,936,544.00	1	
Gambling Hotline Tota	al			\$1,936,544.00	1	
HCI/DFC	Ability Consulting Services, Inc.					\$5,000.00 1
	Joan Caudell, Rn			\$44,616.00 \$44,616.00	1	
Gambling Hotline Gambling Hotline Tota	The Law Firm of Sommers & Barnard otal Indiana Criminal Justice Institute Ability Consulting Services, Inc.			\$15,000.00 \$151,850.00 \$1,936,544.00 \$1,936,544.00	1 3 1	\$5,000

	Susan Butz			\$60,000.00	1	
	Westaff (Usa), Inc.					\$237,101.00 1
HCI/DFC Total				\$149,232.00	3	\$242,101.00 2
Headstart	Ball State University	\$31,440.00	1			
	Barents Group, Llc	\$970,352.00	1			
	Community Action Program, Inc. Of Western Indiana	\$4,542.14	1			
	Floyd County Community Action Agency	\$4,542.14	1			
	Indiana Child Care Fund, Inc.			\$49,500.00	1	
	Indiana Consortium On Professional Development For			\$49,450.00	1	
	Indiana Consortium On Professionals Development	\$6,500.00	1			
	Indiana Head Start Association, Inc.			\$16,500.00	1	
	Shana Ritter	\$8,962.00	1	\$8,372.00	1	
	T/Tas Inc.	\$24,500.00	1			
	The Indiana Parent Information Network Inc.			\$6,797.00	1	
Headstart Total		\$1,050,838.28	7	\$130,619.00	5	
Healthy Families Indiana	Adult & Child Mental Health Center			\$520,880.00	1	
	Area Five Agency On Aging & Community Services			\$5,325,863.00	1	
	Association For Retarded Citizens Of Northeast Ind			\$9,551,703.00	1	
	Birth To Five, Inc.			\$328,737.00	1	
	Blue River Services			\$1,298,729.00	1	
	Cardinal Center, Inc.			\$589,136.00	1	
	Child Abuse Prevention Services, Inc.	\$2,250.00	1	\$1,220,885.00	1	
	Child-Adult Resource Services, Inc.			\$2,555,284.00	1	

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Dekalb County Parent Group For Handicapped Childre			\$1,743,903.00	1
Doulos, Inc.			\$1,649,631.00	1
Dubois-Pike-Warrick Economic Opportunity Committee			\$1,274,278.00	1
Families United, Inc.			\$2,205,483.00	1
Family And Children's Center Counseling & Development			\$1,481,183.00	1
Family Centered Services, Inc.			\$1,325,999.00	1
Family Service Association Of Central Indiana			\$383,942.00	1
Family Service Of Bartholomew County, Inc.			\$951,163.00	1
Family Service Society Inc			\$1,931,953.00	1
Family Services & Prevention Program, Inc.			\$1,744,925.00	1
Family Services Association Of Howard County			\$2,260,020.00	1
Family Services, Inc.			\$1,393,881.00	1
Four Rivers Resource Services, Inc.			\$447,753.00	1
Greene County General Hospital Home Health Care			\$864,438.00	1
Hamilton Center, Inc.			\$1,515,357.00	1
Health & Hospital Corporation Of Marion County			\$1,996,057.00	1
Health & Hospital Corporation/Wishard Health Services			\$1,874,151.00	1
Healthnet, Incorporated			\$2,622,516.00	1
Healthy Families Of Hamilton County, Inc			\$1,385,815.00	1
Hendricks County Health Department			\$343,083.00	1
Indiana University			\$5,462,689.00	2
Indiana University Research & Sponsored Programs	\$1,150,025.00	1		

Kara W. Gallup	\$13,000.00 1		
Landmark Services, Inc.		\$909,033.00	1
Laporte County Child Abuse Prevention			
Council, Inc		\$952,403.00	1
Lincoln Hills Development Corporation (Lhdc)		\$487,695.00	1
Marshall Starke Development Center, Inc.		\$293,839.00	1
Mental Health Association In Lake County		\$4,216,517.00	1
Montgomery County Youth Service Bureau, Inc.		\$734,163.00	1
New Castle Area Vocational School		\$579,350.00	1
New Hope Services, Inc.		\$1,563,316.00	1
North Adams Community Schools		\$542,277.00	1
Orange County Child Care Cooperative, Inc.		\$713,264.00	1
Passages, Inc.		\$760,421.00	1
Preservation Partners, Inc.		\$1,122,728.00	1
Principal Knox, Llc Dba Starke Memorial Hospital		\$991,935.00	1
Pulaski Memorial Hospital		\$413,864.00	1
Putnam County Family Support Services, Inc.		\$1,404,946.00	1
Rauch, Inc.		\$563,513.00	1
Ripley County Family Services		\$3,004,466.00	1
St. John'S Health System Corporation		\$910,730.00	1
Stone Belt Arc, Inc.		\$1,022,587.00	1
The Villages Of Indiana, Inc.		\$4,129,504.00	1
Vistula Park Pre-School, Inc.		\$527,097.00	1
Vna Homecare, Hospice & Family Support Services		\$1,328,306.00	1
Wabash Valley Human Services, Inc.		\$479,253.00	1
Youth Services Bureau Of Jay County, Inc.		\$935,493.00	1
Todal Scryices bureau or say country, Inc.		1 4233, 123.00	-1

	Youth Services Bureau Of Porter County, Inc. Youth Services Bureau, Inc.			\$1,135,123.00 \$1,095,615.00	1 1	
Healthy Families Indiana Total		\$1,165,275.00	3	\$87,066,875.00	56	
Housing Program	Sullivan Housing Authority			\$2,000.00	1	
Housing Program Total				\$2,000.00	1	
HUD	Happy Software, Inc.			\$46,144.00	1	
	The Asher Agency, Inc.	\$51,106.00	1			
HUD Total		\$51,106.00	1	\$46,144.00	1	
ICWIS-Child	Bachofner Consulting, Inc.	\$2,196,162.80	1			
	Cognos Corporation			\$133,088.94	1	
	Haverstick Consulting, Inc.			\$1,262,217.58	2	
	Pomeroy Computer Resources			\$1,656,880.00	2	
	Unisys Corporation	\$23,486,171.00	1			
ICWIS-Child Total		\$25,682,333.80	2	\$3,052,186.52	5	
		Ψ 2 3/00 2 /333100				
	Abilities Services, Inc.	\$61,565.00	1	\$123,640.00	2	
	Abilities Services, Inc. Adec, Inc.		1 2			
	,	\$61,565.00	1 2 1	\$123,640.00	2	
	Adec, Inc.	\$61,565.00 \$137,478.00	1 2 1 1	\$123,640.00 \$557,285.00	2 4	
	Adec, Inc. Assessment Professionals, Inc.	\$61,565.00 \$137,478.00 \$14,800.00	1 2 1 1	\$123,640.00 \$557,285.00	2 4	
	Adec, Inc. Assessment Professionals, Inc. Assiciated Patient Services, Inc.	\$61,565.00 \$137,478.00 \$14,800.00	1 2 1 1	\$123,640.00 \$557,285.00 \$20,500.00	2 4 2	
	Adec, Inc. Assessment Professionals, Inc. Assiciated Patient Services, Inc. Associated Patient Services, Inc.	\$61,565.00 \$137,478.00 \$14,800.00 \$18,200.00	1 2 1 1	\$123,640.00 \$557,285.00 \$20,500.00	2 4 2	
	Adec, Inc. Assessment Professionals, Inc. Assiciated Patient Services, Inc. Associated Patient Services, Inc. Associates Of Triangle Inc.	\$61,565.00 \$137,478.00 \$14,800.00 \$18,200.00 \$51,000.00	1 2 1 1	\$123,640.00 \$557,285.00 \$20,500.00	2 4 2	
	Adec, Inc. Assessment Professionals, Inc. Assiciated Patient Services, Inc. Associated Patient Services, Inc. Associates Of Triangle Inc. Back To God Movement 2000, Inc.	\$61,565.00 \$137,478.00 \$14,800.00 \$18,200.00 \$51,000.00 \$22,020.00	1 2 1 1	\$123,640.00 \$557,285.00 \$20,500.00 \$22,700.00	2 4 2 1	
Impact	Adec, Inc. Assessment Professionals, Inc. Assiciated Patient Services, Inc. Associated Patient Services, Inc. Associates Of Triangle Inc. Back To God Movement 2000, Inc. Behaviorcorp, Inc.	\$61,565.00 \$137,478.00 \$14,800.00 \$18,200.00 \$51,000.00 \$22,020.00 \$360,000.00	1 2 1 1 2 1 1	\$123,640.00 \$557,285.00 \$20,500.00 \$22,700.00	2 4 2 1	

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Bona Vista Programs, Inc.	\$211,898.00	2	\$127,250.00	2
Bridgepointe Goodwill Industries And Easter Seal Society	\$270,800.00	1	\$179,000.00	1
Brown, Inc. Of Indiana			\$29,300.00	2
Campbell Chapel A.M.E. Zion Church Of America Inc.	\$24,925.00	1		
Campbell Chapel A.M.E. Zion Church Of America, Inc	\$127,500.00	1		
Campbell Chapel Ame Zion Church			\$60,000.00	1
Campion, Barrow, And Associates			\$20,000.00	1
Campion, Barrow, And Association	\$47,383.00	1		
Career Choices, Incorporated			\$244,591.00	1
Career & Academic Transition Specialists, Inc.			\$165,000.00	1
Career & Academic Transition Specialists, Inc.	\$123,500.00	1		
Career Choices Incorporated	\$21,250.00	1	\$33,134.00	1
Career Choices, Incorporated	\$361,565.00	2		
Career Choices, Incorporated.	\$9,000.00	1		
Career Resource Center, Inc.	\$559,500.00	1		
Career Resource Centers, Inc.	\$22,000.00	1	\$200,000.00	1
Carey Services, Inc.	\$327,149.00	3	\$324,922.00	3
Carol Marlene Tryon			\$12,500.00	1
Cass Council For Mentally Retarded Citizens, Inc.			\$25,000.00	1
Catch The Fire Christian Fellowship, Inc.	\$715,500.00	2	\$281,550.00	1
Cdc Resources, Inc.	\$59,500.00	2	\$97,250.00	2
Changes Life Services			\$16,055.00	1
Christole, Inc.			\$35,000.00	1
Citizens Multi-Service Center, Inc.	\$22,500.00	1		

Combined Community Services, Inc.	\$46,599.00	1	\$64,130.00	1
Community & Family Resource Center, Inc.	\$32,200.00	1		
Community Action Program Inc Of Western Indiana			\$25,590.00	1
Community Action Program, Inc. Of Western Indiana			\$44,975.00	1
Community Action Program, Inc. Of Western Indiana			\$296,410.00	5
Community Action Program, Of Western Indiana	\$59,880.00	1		
Community And Family Resource Center, Inc.			\$40,000.00	1
Community Schools Of Frankfort	\$17,000.00	1	\$17,000.00	1
Corinthian Christian Center, Inc.	\$299,400.00	1		
Community Action Program, Inc. Of Western Indiana			\$67,445.00	1
Crawfordsville Community School Corporation	\$20,000.00	1	\$13,000.00	1
Crossroads Rehabilitation Center, Inc.	\$262,000.00	1	\$153,000.00	1
Crowe, Chizek And Company LLP	\$10,956.00	1		
Curtis & Associates, Inc.	\$128,300.00	1		
D. Curtis & Associates	\$74,525.00	1	\$528,960.00	4
D. Curtis & Associates, Inc.	\$380,174.00	3	\$99,795.00	1
Delaware County Family Support	\$24,700.00	1	\$24,700.00	1
Didon Solomon Dba Winds Of Change Counseling N	\$5,665.00	1		
East Central Opportunities, Inc.	\$1,057,600.00	5	\$485,425.00	4
Edinburgh Community School Corporation	\$18,946.00	1	\$18,946.00	1
Embassies Of Christ Kingdom Ministries (E.O.C.) In	\$20,640.00	1		
Evansville Association For The Blind	\$6,600.00	1	\$3,500.00	1
Evansville Goodwill Industries, Inc.	\$150,895.00	1	\$164,150.00	1

\$24,100.00	1			
\$211,000.00	1			
\$4,950.00	1			
\$4,950.00	1	\$40,000.00	2	
\$131,906.00	2			
\$21,148.00	2	\$4,080.00	1	
\$20,018.00	1			
		\$58,000.00	1	
+70 2C0 00	2			
\$91,850.00	1			
		\$90,300.00	1	
		\$99,200.00	1	
\$462,591.00	4	\$582,874.00	6	
\$116,700.00	1			
\$53,661.00	1			
		\$56,000.00	1	
\$299,040.00	1	\$183,075.00	1	
		\$2,500.00	1	
		\$81,500.00	1	
\$22,020.00	1			
\$25,050.00	1	\$57,000.00	1	
\$14,985.00	1			
	\$211,000.00 \$4,950.00 \$4,950.00 \$131,906.00 \$21,148.00 \$20,018.00 \$70,360.00 \$91,850.00 \$116,700.00 \$53,661.00 \$299,040.00 \$22,020.00 \$25,050.00	\$211,000.00 1 \$4,950.00 1 \$4,950.00 1 \$131,906.00 2 \$21,148.00 2 \$20,018.00 1 \$70,360.00 2 \$91,850.00 1 \$462,591.00 4 \$116,700.00 1 \$53,661.00 1 \$2299,040.00 1 \$225,050.00 1	\$211,000.00	\$211,000.00 1 \$4,950.00 1 \$4,950.00 1 \$4,950.00 1 \$4131,906.00 2 \$21,148.00 2 \$4,080.00 1 \$20,018.00 1 \$58,000.00 1 \$99,300.00 1 \$99,200.00 1 \$99,200.00 1 \$53,661.00 1 \$53,661.00 1 \$22,020.00 1 \$22,020.00 1 \$25,050.00 1

Coodwill Industries Of Michiana Inc.	¢266 975 00	1		1
Goodwill Industries Of Michiana, Inc.	\$266,875.00	1	#77 O7F OO	
Goodwill Industries Of Michiana, Inc.	±000 c00 00		\$77,975.00	1
Goodwill Industries Of Central Indiana, Inc.	\$808,600.00	2	\$1,359,542.00	2
Goodwill Industries Of Michiana, Inc.	\$2,172,180.00	4	\$1,691,125.00	5
Grandville Cooperative, Inc.	\$24,960.00	1		
Greater St. Stephen Missionary Baptist Church, Inc	\$22,890.00	1		
Green Acres, Inc.			\$169,315.00	2
Hamilton Center	\$8,460.00	1		
Haven House Services, Inc.	\$30,000.00	1	\$25,000.00	1
Helping Our People Excel, Inc.	\$104,620.00	1		
Hepzibah Ministries, Inc.	\$22,000.00	1		
Housing Authority Of The City Of Terre Haute	\$448,615.00	1	\$270,227.00	1
Huntington County Community Schools	\$31,000.00	1		
Huntington Coynty Community School Corporation\			\$33,000.00	1
Indiana Athletic Teen Basketball Asociation	\$24,999.00	1		
Indiana State Council On Opportunities Industrialization	\$712,500.00	1		
Indiana State Council Opportunities Industrialization			\$462,000.00	1
Indianapolis Housing Agency	\$503,750.00	1		
Indianapolis Private Industries Council, Inc.	\$749,700.00	1		
Indianapolis Urban League	\$61,800.00	1	\$23,800.00	1
Indianapolis Urban League, Inc.			\$23,800.00	1
Interlocal Association	\$408,165.00	5	\$740,554.00	5
Ivy Tech State College	\$2,192,196.00	3	\$49,600.00	1
Joanne Joyce/Futures Network	\$138,405.00	1	\$226,255.00	1
Jobworks, Inc			\$53,995.00	1

Jobworks, Inc.			\$1,087,129.00	4
Johnson County Association For Retarded			, , , , , , , , , , , , , , , , , , , ,	
Citizens,	\$143,975.00	2		
Kankakee Valley Job Training Program, Inc.	\$72,235.00	1		
Kankakee Valley Job Training Program, Inc.	\$100,975.00	2		
Kankakee Valley Jobs Training Program, Inc.	\$749,030.00	2	\$200,381.00	4
Keys To Work, Inc.	\$776,000.00	1	\$504,000.00	1
Kraig Smith And Associates Inc.	\$325,375.00	1		
Lifeline Youth And Family Services, Inc.	\$267,250.00	3	\$366,540.00	2
Logansport School Corporation	\$15,910.00	1	\$16,670.00	1
M.E.C.C.A. Rites Of Passage, Inc.			\$196,950.00	1
M.Z. Kussmaul & Associates	\$15,000.00	1		
Manpower Of Indiana Limited Partnership	\$30,280.00	1		
Marion County Family Advocacy Center, Inc.	\$75,000.00	1	\$50,000.00	1
Marshall Plan For Gary			\$140,000.00	1
Marshall Plan For Gary, Inc.	\$105,840.00	1		
Mary Rigg Neighborhood Center			\$300,000.00	1
Mary Rigg Neighborhood Center, Inc.	\$413,000.00	1		
Meridian Health Group, Inc.			\$6,000.00	1
Metropolitan Oasis Community Development				
Corp.	\$22,000.00	1		
Metropolitan Oasis Community Development Corporation	\$219,000.00	1	\$228,900.00	1
Metropolitan School District Of Martinsville	, ,		\$42,940.00	1
Metropolitan School District Of Martinsville			\$38,800.00	1
Miami County Young Men's Christian			175.000.00	
Association			\$56,000.00	2
Middle Way House, Inc.			\$10,000.00	1

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104.005.00			
, ,		\$39,500.00	2
\$27,000.00	1		
\$64,960.00	1	\$39,900.00	1
		\$57,100.00	2
\$54,950.00	1		
\$12,000.00	1		
		\$72,000.00	1
\$84,700.00	2	\$70,350.00	1
\$715,804.00	1		
\$850,962.00	1		
\$22,020.00	1		
\$39,948.00	2		
\$17,500.00	1		
\$56,450.00	1		
		\$60,775.00	1
\$63,808.00	1		
		\$67,278.00	1
		\$44,000.00	1
\$24,540.00	1		
		\$50,000.00	1
\$55,965.00	2	\$64,000.00	1
\$10,000.00	1		
	\$12,000.00 \$84,700.00 \$715,804.00 \$850,962.00 \$22,020.00 \$39,948.00 \$17,500.00 \$56,450.00 \$63,808.00 \$24,540.00 \$55,965.00	\$27,000.00	\$27,000.00

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Patty Cody, Ma			\$2,500.00	1
Paul F. Spanopoulos			\$3,000.00	1
Paul Spanpoulos	\$5,880.00	1		
Peter'S Rock Missionary Baptist Church, Inc.	\$22,020.00	1		
Pilgrim Missionary Baptist Church, Inc.	\$12,996.00	1		
Posey County Rehabilitation Services, Inc.	\$32,850.00	1		
Posey County Rehabilitation Services, Incorporated			\$67,275.00	1
Program Development And Placement Services, Inc.			\$55,000.00	1
Program Development Placement Services, Inc.	\$131,544.00	2	\$234,304.00	3
Progressive Missionary Baptist Church Of Gary	\$22,020.00	1		
Pyramid Consulting Services, Inc.			\$188,000.00	1
Pyramids, Inc			\$202,000.00	1
Pyramids, Inc.	\$926,320.00	1		
Quinco Consulting Center, Inc.	\$200,000.00	1	\$47,000.00	1
Quinco Consulting, Inc.	\$156,635.00	1		
R.O.A.R. Community Development Center,				
Inc.	\$217,200.00	1		
Rauch, Inc.	\$235,767.00	1	\$164,015.00	1
Refuge House Ministries, Inc.	\$22,000.00	1		
Rise, Inc.	\$119,097.00	3	\$127,870.00	3
River Valley Resources, Inc.			\$61,707.00	1
River Valley Resources, Inc.	\$1,219,336.00	6	\$1,375,868.00	6
River Valley Resources, Inc.	\$71,655.00	1		
Roar Community Development Center			\$240,000.00	1
Rodriquez Employment Services, Inc.	\$50,020.00	1	\$50,040.00	1

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Training, Inc.			\$170,000.00	1		
Tree Of Life Community Development			, ,			
Corporation	\$317,000.00	1				
Tree Of Life Missionary Baptist Church, Inc.	\$22,000.00	1				
Truth Consultants Of Indiana, Inc.	\$89,600.00	1	\$50,000.00	1		
TTI America, Inc.			\$284,800.00	1		
TTI Of Indiana, Inc.	\$750,465.00	2				
Urban Suburban Alliances	\$4,998.00	1				
Urban Suburban Alliances, Inc.					\$12,000.00	1
Vanderburgh County Prosecutor			\$70,000.00	1		
Vanderburgh County Prosecutors	\$59,275.00	1				
Vigo County Prosecutor'S Child Support Division			\$126,000.00	2		
Vincennes University Scwds	\$40,834.00	1				
Vincennes University Workforce Development Services	\$419,546.00	1				
Vincennes University Workforce Development						
Service	\$438,196.00	1				
Vincennes University/Scwds	\$186,288.00	1				
Wabash Center, Inc.	\$300,771.00	2	\$367,395.00	4		
Wabash Valley Godwill Industries, Inc.	\$179,005.00	1				
Wabash Valley Goodwill Industries, Inc.			\$143,435.00	2		
Warrick County Local Development Corporation			\$48,500.00	1		
Watt Family Co, LLC			\$29,000.00	1		
Wayne County Council For Retarded Citizens, Inc.	\$152,400.00	1				
Western Indiana Employment & Training Services, Inc	\$50,173.00	1				

	Western Indiana Employment And Training Services, Inc			\$82,500.00	1	
	Western Indiana Employment And Training				1	
	Services, Inc.	\$46,943.00	1	\$86,988.00	1	
	Western Indiana Employment And Training Services, Inc.	\$110,651.00	2	\$123,222.00	2	
	Western Indiana Workforce Investment Board, Inc.	\$456,157.00	1			
	Work Able Community Solutions, Inc.	\$64,420.00	1	\$48,500.00	1	
	Work Able, Inc.	\$322,215.00	2	\$23,000.00	1	
	Workforce Development Services	\$840,000.00	2			
	Workforce Development Services, Inc.	\$392,000.00	2	\$283,500.00	2	
	Workforce Development Strategies, Inc.	\$178,100.00	1	\$406,194.00	1	
	Workforce Investment Board Of Southwestern Indiana	\$646,975.00	1			
	Young Women's Christian Association Of Greater Lafayette	\$35,000.00	1			
	Young Women's Christian Association Of Kokomo, In			\$37,500.00	1	
	Young Women's Christian Association Of Kokomo, Ind			\$37,500.00	1	
	Youth Family Commuity Renewal, Inc.	\$22,100.00	1			
	Youth Family Community Renewal, Inc.	\$99,000.00	1			
	Youth Job Prepardness Program, Inc.	\$22,000.00	1			
	Youth Services Bureau Of Huntington County, Inc.	\$10,000.00	1	\$5,110.00	1	
	YWCA Foundation Of Greater Lafayette, Inc.	\$3,000.00	1			
Impact Total		\$36,058,283.86	231	\$22,538,539.00	201	\$12,000.00
Independent Living	Adec, Inc. (Northern Indiana Independent Living Services	\$202,523.00	1			

	Indiana Township Association, Inc.	Ψ107,113.00	1	\$600,000.00	1	
	EP&P Consulting, Inc. Health Management Associates	\$167,443.00	1			\$568,565.00 1
Indpls Township Assoc.	Daryce Kronenberger	\$24,000.00	1	\$14,692.50	1	¢500 505 00 1
Independent Living Total		\$1,162,598.00	9	\$898,173.00	23	
	The Wabash Independent Living And Learning Center, Inc.	\$174,527.00	1	\$0.00	1	
	The Wabash Independent Living & Learning/Will Center			\$50,000.00	1	
	Southern Indiana Center For Independent Living, Inc.	\$205,237.00	1	\$14,030.00	2	
	League for the Blind and Disabled, Inc.	\$0.00	1	\$42,361.00	2	
	League for the Blind and Disabled, Inc.	\$104,269.00	1			
	Indianapolis Resource Center For Independent Living	\$104,269.00	1	\$135,831.00	3	
	Indiana Society To Prevent Blindness, Inc.	, ,		\$11,140.00	1	
	Independent Living Center Of Eastern Indiana, Inc.	\$150,000.00	1	\$128,350.00	3	
	Future Choices, Inc.			\$105,208.00	3	
	Family Service Association Of Central Indiana, Inc			\$100,000.00	1	
	Everybody Counts, Inc.	\$104,269.00	1			
	Evansville Association For The Blind, Inc.			\$31,530.00	1	
	Crossroads Rehabilitation Center, Inc.			\$31,530.00	1	
	Information Center Attic, Inc.	\$117,504.00	1	\$14,140.00 \$0.00	1	
	Assistive Technology, Training And			, ,		
	Adec, Inc./Northern Indiana Independent Living Services			\$234,053.00	2	

	The Commissioner Of The Social Security Administration			\$0.00	1	
Indpls Township Assoc. Total		\$191,443.00	2	\$614,692.50	3	\$568,565.00 1
ISETS	Complete Business Solutions, Inc.	\$13,139,208.00	2			
	Covansys Corporation	\$22,896,034.25	1			
ISETS Total		\$36,035,242.25	3			
IVB-Part II - Family (Safe Stable)	_ Abilities Services, Inc.	\$1,483.00	1			
Stable		• •	1			
	Alternative Counseling Associates	\$8,064.00	1			
	Angela Ray	\$8,250.00	1			
	Area Five Agency On Aging And Community Services, Inc.	\$11,049.00	1			
	Area Five Agency On Aging And Community Services, Inc.	\$6,044.00	1			
	Area Iv Agency On Aging And Community Services, Inc.	\$33,643.00	2			
	Area V Agency In Aging And Community Services, Inc.	\$19,065.00	1			
	Ball State University	\$39,709.00	1			
	Bethany Christian Services Of Central Indiana	\$32,500.00	1			
	Birth-To-Five, Inc.	\$11,105.10	1			
	Bluffton Health System Llc	\$1,799.00	1			
	Boys & Girls Club Of Kosiusko County, Inc.	\$1,050.00	1			
	Bridgepointe, Goodwill And Easter Seals	\$13,250.00	1			
	C.A.P., Inc.	\$4,540.00	1			
	Cardinal Center, Inc.	\$8,632.00	1			
	Cassandra Mcconn, Inc.	\$45,140.00	1			
	Catholic Charities Of The Diocese Of Fort Wayne, S	\$71,344.00	1			

Catholic Family Service, A Division Of Catholic		Ī
Of	\$49,371.00	1
Child Abuse Prevention Services, Inc.	\$19,000.00	1
Children First Center	\$85,400.00	1
Children's Bureau Of Indianpolis, Inc.	\$38,228.00	1
Christian Haven Teendowment Fund, Inc.	\$4,535.00	1
Community Action Program, Inc. Of Western Indiana	\$17,136.00	3
Community And Family Resource Center, Inc.	\$26,316.00	2
Community And Family Services, Inc.	\$13,391.00	1
Community Care In Union County, Inc.	\$10,115.60	1
Community Centers Of Indianapolis,		
Inc./Stopover	\$15,000.00	1
Community Mental Health Center, Inc.	\$31,565.70	1
Crisis Center, Inc. A Youth Service Bureau	\$49,371.00	1
Debra Corn N.P., Inc.	\$14,821.00	1
Decatur County Auditor	\$2,377.00	1
Decatur County Community Schools	\$3,871.00	1
Decatur County Family Ymca, Inc.	\$2,376.00	1
Delores Hearn	\$5,265.00	1
Dodson, Shilely And Associates, Inc.	\$7,221.00	1
Dodson, Shively And Associates, Inc.	\$20,371.00	1
Dodson, Shively And Association, Inc.	\$50,284.00	2
Dubois-Pike-Warrick Economic Opportunity Committee	\$18,936.00	1
Dunn Memorial Hospital	\$1,628.00	1
Dunn Mental Health Center, Inc.	\$18,698.00	1
Families United, Inc.	\$63,800.25	5
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Family And Children Counciling Contain		Ī
Family And Children'S Counseling Center, Inc.	\$37,792.00	1
Family And Children's Services, Inc.	\$1,299.00	1
Family Center Service, Inc.	\$9,360.00	1
Family Crisis Shelter Of Montgomery County, Inc.	\$3,747.00	1
Family Service Society, Inc.	\$40,753.00	1
Family Service Association Of Central Indiana, Inc	\$46,613.00	1
Family Service Association Of Howard Co.	\$17,821.30	1
Family Service Association Of Monroe County, Inc.	\$3,600.00	1
	\$60,596.00	1
Family Services Of Delaware County, Inc.	, ,	2
Family Solutions, Inc.	\$23,731.00	
Family Works, Inc.	\$53,578.85	3
Fathers And Families Resource/Research Center, Inc	\$15,000.00	1
Foster Care Services, Inc.	\$29,931.00	1
Foundation For Youth Of Bartholomew County, Inc.	\$42,325.00	1
Four County Comprehensive Mental Health		
Center, In	\$56,548.50	3
Four Rivers Resource Services, Inc.	\$9,548.50	2
Friends Of Families, Inc.	\$11,791.00	1
Gary Neighborhood Services, Inc.	\$24,684.00	1
Gayla Kaibel, Ph.D, Pc	\$1,087.00	1
Gibson County Step Ahead Council, Inc.	\$24,090.00	1
Grant-Blackford Mental Health, Inc.	\$12,313.00	1
Hamilton Center Inc.	\$21,168.00	1
Hamilton Center, Inc.	\$125,280.50	6

Hendricks County Substance Abuse Task Force, Inc. Henrico, Inc. Henry County Probation Department Henry County Step Ahead Council, Inc. Home Team Advantage, Incorporated Hoosier Hills Pact Indiana Juvenile Justice Task Force, Inc. Indiana Youth Advocate Program, Inc. Jefferson Brethren Church Jennings County Step Ahead Council, Inc. Kankakee Valley Jobs Training Program, Inc. Kankakee Valley Jobs Training Program, Inc. Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Step Ahead Council, Inc. Lake County Step Ahead Council, Inc. Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Lifeline Youth Family Services, Inc. Lifeline Youth Family Services, Inc. Lifeworks Counseling, L.L.C. Lincoln Hills Development Corp \$5,04.00 1 \$6,624.00 1 \$6,624.00 1 \$6,624.00 1 \$4,05.00.00 1 \$1,05.00.00 1 \$1,05.00.00 1 \$1,05.00.00 1 \$1,05.00.00 1 \$1,05.00.00 1 \$1,05.00.00 1 \$1,06.00 \$1,00.00 \$1,0	Harcourt Mental Health Services	\$4,096.40	1
Henrico, Inc. Henry County Probation Department Henry County Step Ahead Council, Inc. Home Team Advantage, Incorporated Hoosier Hills Pact Indiana Juvenile Justice Task Force, Inc. Indiana Youth Advocate Program, Inc. Jasper County Community Services, Inc. Jefferson Brethren Church Jennings County Step Ahead Council, Inc. Kankakee Valley Jobs Training Program, Inc. Kankakee Valley Jobs Training Program, Inc. Kankakee National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System, Inc. Laporte Regional Health System, Inc. Lifeline Youth Family Services, Inc. Lifeline Youth Family Services, Inc. Lifeworks Counseling, L.L.C.	Hendricks County Substance Abuse Task		
Henry County Probation Department Henry County Step Ahead Council, Inc. Home Team Advantage, Incorporated Hoosier Hills Pact Indiana Juvenile Justice Task Force, Inc. Indiana Youth Advocate Program, Inc. Jasper County Community Services, Inc. Jefferson Brethren Church Jennings County Step Ahead Council, Inc. Kankakee Valley Jobs Training Program, Inc. Kenneth R. Rice, Csw/Lsw Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Landmark Services, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System, Inc. Lifeline Youth Family Services, Inc. Lifeline Youth Family Services, Inc. Lifeline Youth Family Services, Inc. Lifeworks Counseling, L.L.C.	Force, Inc.	\$35,048.00	1
Henry County Step Ahead Council, Inc. Home Team Advantage, Incorporated Hoosier Hills Pact Indiana Juvenile Justice Task Force, Inc. Indiana Youth Advocate Program, Inc. Jasper County Community Services, Inc. Jefferson Brethren Church Jennings County Step Ahead Council, Inc. Kankakee Valley Jobs Training Program, Inc. Kenneth R. Rice, Csw/Lsw Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Lifeline Youth Family Services, Inc. Lifeline Youth Family Services, Inc. Lifeworks Counseling, L.L.C.	Henrico, Inc.	\$6,624.00	1
Home Team Advantage, Incorporated Hoosier Hills Pact Indiana Juvenile Justice Task Force, Inc. Indiana Youth Advocate Program, Inc. Jasper County Community Services, Inc. Jefferson Brethren Church Jennings County Step Ahead Council, Inc. Kankakee Valley Jobs Training Program, Inc. Kenneth R. Rice, Csw/Lsw Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Landmark Services, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Lifeline Youth Family Services, Inc. Lifeline Youth Family Services, Inc. Lifeworks Counseling, L.L.C.	Henry County Probation Department	\$6,624.00	1
Hoosier Hills Pact \$3,394.00 1 Indiana Juvenile Justice Task Force, Inc. \$8,653.00 1 Indiana Youth Advocate Program, Inc. \$104,726.90 4 Jasper County Community Services, Inc. \$8,390.12 1 Jefferson Brethren Church \$5,250.00 1 Jennings County Step Ahead Council, Inc. \$2,267.00 1 Kankakee Valley Jobs Training Program, Inc. \$2,268.00 1 Kenneth R. Rice, Csw/Lsw \$5,876.00 1 Kidspeace National Centers For Kids In Crisis Of N \$8,923.00 1 Knox County Hospital/Samaritan Center \$3,759.00 1 Knox County Hospital/Samaritan Center, Inc. \$5,970.00 1 Lake County Step Ahead Council, Inc. \$24,685.00 1 Landmark Services, Inc. \$12,896.80 2 Laporte County Child Abuse Preveniton Council, Inc \$14,466.00 1 Laporte Regional Health System Inc. \$20,900.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	Henry County Step Ahead Council, Inc.	\$5,961.60	1
Indiana Juvenile Justice Task Force, Inc. Indiana Youth Advocate Program, Inc. Jasper County Community Services, Inc. Jefferson Brethren Church Jennings County Step Ahead Council, Inc. Kankakee Valley Jobs Training Program, Inc. Kenneth R. Rice, Csw/Lsw Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Lifeline Youth Family Services, Inc. Lifeworks Counseling, L.L.C. \$8,390.12 \$104,726.90 \$8,390.12 \$2,267.00 1 \$2,268.00 1 \$\$8,923.00 1 \$\$8,923.00 1 \$\$8,923.00 1 \$\$8,923.00 1 \$\$104,726.90 1 \$\$114,466.00 1 \$	Home Team Advantage, Incorporated	\$10,500.00	1
Indiana Youth Advocate Program, Inc. Jasper County Community Services, Inc. Jefferson Brethren Church Jennings County Step Ahead Council, Inc. Kankakee Valley Jobs Training Program, Inc. Kenneth R. Rice, Csw/Lsw Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Landmark Services, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Lifeline Youth Family Services, Inc. Lifeworks Counseling, L.L.C. \$104,726.90 \$8,390.12 \$2,267.00 1 \$2,268.00 1 \$43,759.00 1 \$43,759.00 1 \$43,759.00 1 \$44,466.00 1 \$44,466.00 1 \$44,466.00 1 \$44,466.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Lifeline Youth Family Services, Inc. \$11,409.00 1 \$21,452.00 1	Hoosier Hills Pact	\$3,394.00	1
Jasper County Community Services, Inc. Jefferson Brethren Church Jennings County Step Ahead Council, Inc. Kankakee Valley Jobs Training Program, Inc. Kenneth R. Rice, Csw/Lsw Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Landmark Services, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Lifeline Youth Family Services, Inc. Lifeline Youth Family Services, Inc. Lifeworks Counseling, L.L.C. \$12,896.80 1 \$22,267.00 \$22,268.00 \$3,759.00 \$3,759.00 \$43,759.00 \$1 \$43,799.00 \$1 \$44,466.00 \$1 \$44,466.00 \$1 \$443,398.00 \$1 \$443,398.00 \$1 Laporte Regional Health System, Inc. \$443,398.00 \$1 Lifeline Youth Family Services, Inc. \$17,009.00 \$1 Lifelworks Counseling, L.L.C.	Indiana Juvenile Justice Task Force, Inc.	\$8,653.00	1
Jefferson Brethren Church Jennings County Step Ahead Council, Inc. Kankakee Valley Jobs Training Program, Inc. Kenneth R. Rice, Csw/Lsw Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Landmark Services, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Lifeline Youth Family Services, Inc. Lifeline Youth Family Services, Inc. Lifeworks Counseling, L.L.C.	Indiana Youth Advocate Program, Inc.	\$104,726.90	4
Jennings County Step Ahead Council, Inc. Kankakee Valley Jobs Training Program, Inc. Kenneth R. Rice, Csw/Lsw Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Landmark Services, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Laporte Regional Health Systems, Inc. Lifeline Youth Family Services, Inc. \$2,268.00 \$\$1,268.00 \$\$1,759.00 \$\$1,4685.00 \$\$1,466.00 \$\$14,466.00 \$\$14,466.00 \$\$14,466.00 \$\$1,4966.00 \$	Jasper County Community Services, Inc.	\$8,390.12	1
Kankakee Valley Jobs Training Program, Inc. Kenneth R. Rice, Csw/Lsw Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Landmark Services, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Laporte Regional Health Systems, Inc. Lifeline Youth Family Services, Inc. \$2,268.00 \$\$5,876.00 1 \$8,923.00 1 \$5,970.00 1 \$24,685.00 1 \$12,896.80 2 Laporte Regional Health System Inc. \$14,466.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Lifeline Youth Family Services, Inc. \$17,009.00 1 Lifeworks Counseling, L.L.C.	Jefferson Brethren Church	\$5,250.00	1
Kenneth R. Rice, Csw/Lsw Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Landmark Services, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Laporte Regional Health Systems, Inc. Lifeline Youth Family Services, Inc. \$5,970.00 1 \$24,685.00 1 \$12,896.80 2 Laporte Regional Health System Inc. \$14,466.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Lifeline Youth Family Services, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$13,914.00 1	Jennings County Step Ahead Council, Inc.	\$2,267.00	1
Kidspeace National Centers For Kids In Crisis Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Landmark Services, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Laporte Regional Health Systems, Inc. Lifeline Youth Family Services, Inc. Lifeworks Counseling, L.L.C. \$88,923.00 1 \$3,759.00 1 \$24,685.00 1 \$12,896.80 2 \$14,466.00 1 \$14,466.00 1 \$17,009.00 1 Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$13,914.00 1	Kankakee Valley Jobs Training Program, Inc.	\$2,268.00	1
Of N Knox County Hospital/Samaritan Center Knox County Hospital/Samaritan Center, Inc. Lake County Step Ahead Council, Inc. Landmark Services, Inc. Laporte County Child Abuse Preveniton Council, Inc Laporte Regional Health System Inc. Laporte Regional Health System, Inc. Laporte Regional Health Systems, Inc. Lifeline Youth Family Services, Inc. \$8,923.00 \$\$1,759.00 \$\$1,759.00 \$\$1,466.00 \$\$14,466.00 \$\$1,466.	Kenneth R. Rice, Csw/Lsw	\$5,876.00	1
Knox County Hospital/Samaritan Center \$3,759.00 1 Knox County Hospital/Samaritan Center, Inc. \$5,970.00 1 Lake County Step Ahead Council, Inc. \$24,685.00 1 Landmark Services, Inc. \$12,896.80 2 Laporte County Child Abuse Preveniton Council, Inc \$14,466.00 1 Laporte Regional Health System Inc. \$20,900.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	•		
Knox County Hospital/Samaritan Center, Inc. \$5,970.00 1 Lake County Step Ahead Council, Inc. \$24,685.00 1 Landmark Services, Inc. \$12,896.80 2 Laporte County Child Abuse Preveniton Council, Inc \$14,466.00 1 Laporte Regional Health System Inc. \$20,900.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	Of N	\$8,923.00	1
Lake County Step Ahead Council, Inc. \$24,685.00 1 Landmark Services, Inc. \$12,896.80 2 Laporte County Child Abuse Preveniton Council, Inc \$14,466.00 1 Laporte Regional Health System Inc. \$20,900.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	Knox County Hospital/Samaritan Center	\$3,759.00	1
Landmark Services, Inc. \$12,896.80 2 Laporte County Child Abuse Preveniton Council, Inc \$14,466.00 1 Laporte Regional Health System Inc. \$20,900.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	Knox County Hospital/Samaritan Center, Inc.	\$5,970.00	1
Laporte County Child Abuse Preveniton Council, Inc \$14,466.00 1 Laporte Regional Health System Inc. \$20,900.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	Lake County Step Ahead Council, Inc.	\$24,685.00	1
Council, Inc \$14,466.00 1 Laporte Regional Health System Inc. \$20,900.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	Landmark Services, Inc.	\$12,896.80	2
Laporte Regional Health System Inc. \$20,900.00 1 Laporte Regional Health System, Inc. \$43,398.00 1 Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	·		
Laporte Regional Health System, Inc. \$43,398.00 1 Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	Council, Inc	\$14,466.00	1
Laporte Regional Health Systems, Inc. \$17,009.00 1 Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	Laporte Regional Health System Inc.	\$20,900.00	1
Lifeline Youth Family Services, Inc. \$21,452.00 1 Lifeworks Counseling, L.L.C. \$13,914.00 1	Laporte Regional Health System, Inc.	\$43,398.00	1
Lifeworks Counseling, L.L.C. \$13,914.00 1	Laporte Regional Health Systems, Inc.	\$17,009.00	1
, ,	Lifeline Youth Family Services, Inc.	\$21,452.00	1
Lincoln Hills Development Corp \$18,714.70 1	Lifeworks Counseling, L.L.C.	\$13,914.00	1
	Lincoln Hills Development Corp	\$18,714.70	1

Lincoln Hills Development Corporation	\$37,571.28	3
Linda Ronald, Phd. Hssp	\$11,105.10	1
Lutheran Child And Family Services	\$45,161.00	1
M.S.D. Of Martinsville	\$25,768.00	1
M.S.D. Of Warren County	\$3,895.00	1
Madison County Step Ahead Council, Inc.	\$50,181.30	1
Marshall County Step Ahead	\$22,816.00	1
Martin Luther King Multi-Service Center Indianapol	\$20,000.00	1
Mental Health Asociation In Lake County	\$24,685.00	1
Monroe County Step Ahead Council, Inc.	\$11,274.00	1
Montgomery County Youth Service Bureau	\$3,500.00	1
New Castle Area Vocational School	\$6,624.00	1
New Directions Of Decatur County, Inc.	\$5,114.00	1
New Hope Services, Inc.	\$77,779.00	2
New Horizons Rehabilitation, Inc.	\$6,692.80	2
Newton County Step Ahead Council	\$17,266.00	1
Noble County Community Foundation, Inc.	\$7,969.00	1
Noble, Inc.	\$111,877.00	1
North White School Corporation	\$5,782.00	1
Oaklawn Psychiatric Center, Inc	\$55,193.00	1
Ohio Valley Opportunities, Inc.	\$32,083.00	1
Orange County Child Care Cooperative, Inc.	\$9,300.00	1
Owen County Step Ahead Council	\$15,902.00	1
Peru Community School Corporation	\$3,865.00	1
Philip Lieberman & Associates, Inc.	\$79,246.00	1
Planned Parenthood Of Greater Indiana, Inc.	\$500.00	1
Pleasant Run, Inc.	\$55,685.20	3

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Preservation Partners, Inc.	\$22,913.10	1
Preventative Aftercare, Inc.	\$74,076.30	3
Pulaski Memorial Hospital/Healthy Families	\$6,446.00	1
Purdue Cooperative Extension Services	\$500.00	1
Putnam County Auditor D/B/A Putnam County Circuit	\$19,324.00	1
Quinco Consulting Center, Inc.	\$49,771.50	2
Real Services, Inc.	\$107,398.00	1
Rush County Schools	\$3,059.00	1
Samaritan Center On The Ridge, Inc.	\$24,686.00	1
Scan, Inc.	\$99,783.00	1
Shelby County Youth Center, Inc.	\$27,755.15	1
Shelter , Inc.	\$16,827.66	1
South Central Community Mental Health Center, Inc	\$5,010.67	1
Southeastern Indiana Ymca, Inc.	\$1,344.00	1
Southern Indiana Mental Health & Guidance Center	\$3,440.00	1
Southern Indiana Mental Health &	φ3,ττ0.00	1
Guidance/Lifespring	\$16,746.00	1
St. Joseph Children's Home	\$29,587.00	1
Step Ahead Of Hamilton County, Inc.	\$61,545.00	1
Step Ahead Of Wabash County, Inc.	\$12,033.00	1
Stone Belt Arc, Inc.	\$5,010.67	1
The Caring Place, Inc.	\$3,401.00	1
The Otis R. Bowen Center For Human Services, Inc.	\$17,846.00	1
The United Way Of Elkhart County	\$8,827.00	1
The Villages Of Indiana, Inc.	\$204,306.00	8
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	Tri-County School Corporation	\$770.00	1			
	United Way Of Johnson County, Inc.	\$62,171.00	1			
	Wabash County Council On Aged And Aging, Inc.	\$2,000.00	1			
	Wabash Valley Human Services, Inc.	\$36,048.00	1			
	Watt Family Co., L. L. C.	\$15,031.20	1			
	Wayne County Step Ahead	\$2,467.80	1			
	Wernle Children's Home, Inc.	\$3,721.40	1			
	White County Probation Dept.	\$6,052.00	1			
	Workforce Investment Board Of Southwest Indiana, Inc.	\$17,378.00	1			
	Young Women's Christian Association Of Ft Wayne, Inc.	\$1,500.00	1			
	Youth Action Community Council Of Boone County, Inc.	\$18,991.00	1			
	Youth Service Bureau Of Jay County	\$13,154.26	1			
	Youth Service Bureau Of Porter County, Inc.	\$67,141.00	1			
	Youth Services Bureau Of Huntington County, Inc.	\$21,743.00	1			
	Youth Services Bureau Of Jay County, Inc.	\$22,939.00	1			
IVB-Part II - Family (Safe Stable) Total		\$3,833,747.21	196			
Larue Carter	_ Indiana University	, , , , , ,		\$2,482,401.00	3	
	,			\$1,562,377.15	1	
	Indiana University Psychiatric Associates, Inc. Marian College				1	
	-			\$0.00	1	
	National Associaiton Of State Mental Health Program			\$4,867.00	1	
	University Of Indianapolis			\$0.00	1	
	University Of Indianapolis Graduate Programs Occup			\$0.00	1	

Larue Carter Total				\$4,049,645.15	8	
Larue Carter SOF	Xavier University			\$0.00	1	
Larue Carter SOF Total				\$0.00	1	
Leveraging Incentive	A.C.T.I.O.N. Inc. Of Delaware County	\$1,960,150.00	1			
	Area Five Agency On Aging And Community Services	\$1,498,758.00	1			
	Area Iv Agency On Aging And Community Action Program	\$1,190,746.00	1			
	Board Of Madison County Commissioners/Jobsource	\$1,010,436.00	1			
	Community Action Of East Central Indiana, Inc.	\$1,010,652.00	1			
	Community Action Of Greater Indianapolis, Inc.	\$6,766,994.00	1			
	Community Action Of Northeast Indiana, Inc.	\$2,936,135.00	1			
	Community Action Of Southern Indiana, Inc.	\$1,220,205.00	1			
	Community Action Program Inc. Of Western Indiana	\$912,218.00	1			
	Community Action Program Of Evansville And Vanderburgh	\$1,634,336.00	1			
	Community And Family Services	\$1,177,073.00	1			
	Dubois-Pike-Warrick Economic Opportunity Committee	\$535,907.00	1			
	Hoosier Uplands Economic Development Corporation	\$996,195.00	1			
	Human Services, Inc.	\$1,469,162.00	1			
	Interlocal Community Action Program, Inc.	\$715,626.00	1			
	Lceoc, Inc.	\$5,430,846.00	1			
	Lincoln Hills Development Corporation	\$489,669.00	1			

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	North Central Community Action Agencies,			
	Inc.	\$1,176,516.00	1	
	Ohio Valley Opportunities, Inc.	\$974,973.00	1	
	Real Services, Inc.	\$2,935,343.00	1	
	South Central Community Action Programs, Inc.	\$1,657,262.00	1	
	Southeastern Indiana Economic Opportunity			
	Corp.	\$676,712.00	1	
	Wabash Valley Human Services, Inc.	\$1,270,111.00	1	
	Western Indiana Community Action Agency	\$1,369,728.00	1	
Leveraging Incentive Total		\$41,015,753.00	24	
LIHEAP	Action, Inc. Of Delaware And Grant Counties	\$168,043.00	1	
	Area Five Agency On Aging And Community Action Pro	\$153,471.00	1	
	Area Iv Agency On Aging And Community Action Program	\$142,011.00	1	
	Board Of Madison County Commissioners By And Through	\$121,140.00	1	
	Community Action Of East Central Indiana, Inc.	\$114,605.00	1	
	Community Action Of Greater Indianapolis, Inc.	\$456,123.00	1	
	Community Action Of Northeast Indiana, Inc.	\$216,865.00	1	
	Community Action Program Of Evansville And Vanderburgh	\$152,890.00	1	
	Community Action Program Of Western Indiana, Inc.	\$106,841.00	1	
	Community And Family Services, Inc.	\$127,897.00	1	
	Dubois-Pike-Warrick Economic Opportunity Corporation	\$85,736.00	1	

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	Hoosier Uplands Economic Development Corporation	\$239,673.00	1			
	Human Services, Inc.	\$39,922.00	1			
	Indiana Community Action Association Incorporated	\$73,205.00	1			
	Interlocal Community Action Programs, Inc.	\$103,715.00	1			
	Lecoc, Inc.	\$278,659.00	1			
	Lincoln Hills Development Corporation	\$80,226.00	1			
	North Central Community Action Agencies, Inc.	\$127,388.00	1			
	Ohio Valley Opportunities, Inc.	\$101,394.00	1			
	Real Services, Inc.	\$245,138.00	1			
	South Central Community Action Programs, Inc.	\$150,362.00	1			
	Southeastern Indiana Economic Opportunity Corp.	\$101,194.00	1			
	Wabash Valley Human Services, Inc.	\$124,609.00	1			
	Western Indiana Community Action Agency, Inc.		1			
LIHEAP Total	IIIC.	\$137,642.00 \$3,648, 749.00	24			
LINEAP IOLAI	T. P. C. H. A. P. L.	\$3,040,743.00				
LIHEAP/Training	Indiana Community Action Association Incorporated	\$208,395.00	1			
LIHEAP/Training Total		\$208,395.00	1			
	Assistive Technology Through Action In					
Local Projects	Indiana, Inc.	\$20,343.00	1	\$137,714.00	2	
	Greater Lafayette Area Special Services	\$114,745.00	1	\$57,372.00	1	
	Harrison County Special Education Cooperative	\$126,997.00	1	\$123,779.00	1	
	Indiana Chapter Of The Registry For Interpreters F	\$26,500.00	1			

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	League For The Blind And Disabled, Inc.			\$6,380.00	1		
	New Albany-Floyd County Consolidated School Corp			\$37,526.00	1		
	New Albany-Floyd County Consolidated School Corp.	\$75,052.00	1				
	Oaklawn Psychiatric Center, Inc.	\$132,293.00	1				
	Orange Co Rehabilitation & Developmental Services, Inc.	\$74,438.00	1				
	Park Center, Inc.	\$150,000.00	1				
	Rauch, Inc.	\$40,758.00	1				
	Richmond Community Schools	\$138,512.00	1	\$69,256.00	1		
	South Central Area Special Education Cooperative	\$118,050.00	1	\$59,025.00	1		
	Southern Indiana Resource Solutions, Inc.	\$120,066.00	1				
	Southwestern Indiana Mental Health Center,						
	Inc.	\$95,587.00	1				
	The Center For Mental Health, Inc.	\$777,538.00	1			\$622,032.00	1
	The Rehabilitation Center, Inc.	\$94,444.00	1				
	Ymca Of Vincennes	\$40,205.00	1				
Local Projects Total		\$2,145,528.00	16	\$491,052.00	8	\$622,032.00	1
Logansport St Hospital	Cass County Council For Mentally Retarded Citizens	\$24,750.00	1	\$49,500.00	1		
	Edwards Electrical & Mechanical, Inc.	\$1,220,902.40	1				
	Ivy-Tech State College, Kokomo, In					\$0.00	1
	Leticia K. Jones	\$24,570.00	1				
	Liberty Healthcare Corporation	\$6,075,978.00	1			\$8,354,469.75	1
	Thomas R. Anderson, M.D.			\$74,250.00	1		
Logansport St Hospital Total		\$7,346,200.40	4	\$123,750.00	2	\$8,354,469.75	2
Madison St Hospital	Belinda Phillips					\$33,250.00	1

Cit Of M I		1	±50,000,00	اد
City Of Madison			\$50,000.00	1
David Austin, Ph. D.			\$4,000.00	1
Desna Ratcliff			\$120,000.00	1
Edwards Electrical & Mechanical, Inc.	\$183,317,680.00	1		
Eugene S. Pawlak, D.P.M.			\$120,000.00	1
Genesis Physician Group, Llc.			\$22,000.00	1
Gerald Dupre			\$133,120.00	1
Irvin B. Ginsburg			\$49,920.00	1
Jane Bennett, R.D.			\$129,360.00	1
Jon Browning	\$14,160.00	1	\$28,320.00	1
Larry M. Shultes, Ph.D.			\$4,500.00	1
Lee G. Dunker, D.D.S.			\$6,000.00	1
Let'S Write About It, Inc. / Brian O'Neill			\$20,000.00	1
Liberty Healthcare Corporation			\$3,289,212.50	2
Lykins Nutrition By Design, Inc.			\$84,000.00	1
M.J. Skiles, M.D.			\$21,600.00	1
Millet & Whitaker, Inc.	\$24,155.00	1		
Millet & Whittaker, Inc.			\$62,803.00	1
Myra Laughlin			\$36,560.00	1
Ohio Valley Internal Specialists, P.C.			\$400,160.00	1
Planned Parenthood Of Grater Indiana, Inc.			\$4,800.00	1
Rev. John A. Meyer			\$8,320.00	1
Richard W. Mcleod			\$15,560.00	1
Robert W. Kirkpatrick, O.D.			\$12,000.00	1
Roy Clark			\$124,800.00	1
Sharon Vandewater			\$91,900.00	1
The Columbus Organization, Llc			\$2,198,240.00	1
William Calvert			\$44,000.00	1

	William W. Skiles, M.D			\$15,000.00	1		
Madison St Hospital Total		\$183,355,995.00	3	\$7,096,175.50	28	\$33,250.00	1
Medicaid	Electric Data Systems					\$10,921,284.04	1
	Electronic Data Systems, Inc.					\$13,589,010.04	1
	Health Care Excel, Inc.					\$32,222,734.77	1
Medicaid Total						\$56,733,028.8 5	3
Mental Health Transition	Hamilton Center, Inc.					\$1,641,706.80	1
Mental Health Transition Total						\$1,641,706.80	1
MR/DD Case Mgnt	Health Care Excel, Incorporated			\$28,890.00	1		
	John Oliver /John Oliver Consultation Services			\$46,800.00	1		
	John Oliver/John Oliver Consulting Services			\$60,000.00	1		
MR/DD Case Mgnt Total				\$135,690.00	3		
Muscatatuck SDC	Berkshire Advisors, Inc.			\$15,000.00	1		
	Berkshires Advisors, Inc.	\$116,000.00	1				
	Charles Hutton, D.D.S.			\$12,000.00	1		
	Columbus Medical Service, Llc			\$4,258,947.00	1		
	Columbus Medical Services, Llc	\$3,851,300.00	1			\$3,784,976.00	1
	Electric Data Systems					\$10,921,284.04	1
	Electronic Data Systems, Inc.					\$13,589,010.04	1
	George Brueggemann					\$7,500.00	1
	Hamilton Center, Inc.	\$75,000.00	1				
	Health Care Excel, Inc.					\$64,449,272.77	2
	I.U. Psychiatric Associates, Inc.	\$108,160.00	1			\$216,320.00	1
	Indiana University On Behalf Of The Indiana Institute	\$75,605.00	1				
	Jennings County School Corporation			\$0.00	1		

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	Jiang Financial And Technical Services, Inc.			\$19,200.00	1		
	Karen Green Mcgowan					\$40,000.00	1
	Liberty Health Care Corporation			\$3,015,969.00	1		
	Liberty Healthcare Corporation	\$17,804,638.00	3	\$3,443,071.40	2		
	Lovell Monroe			\$66,000.00	1		
	Michael R. Schilling, M.D.					\$9,000.00	1
	Mindel, Scott And Associates			\$11,900.00	1		
	New Horizons Rehabilitations, Inc.					\$325,000.00	1
	North Vernon Internal Medicine Llc					\$187,652.85	1
	Phoenix Nursing Services, Inc.	\$8,000,000.00	1			\$1,929,564.00	1
	Rhonda Ochs					\$9,375.00	1
	Rx 90	\$360,000.00	1			\$720,000.00	1
	S And J Vending Food Services, Inc.			\$0.00	1		
	St. Vincent Jennings Hospital, Inc.			\$72,000.00	2		
	Thomas Marshall, M.D.					\$16,500.00	1
	Thomas Hemeyer Phd., Ccca					\$9,000.00	1
	Wells Enterprises, Inc.			\$1,650,000.00	1	\$1,339,967.00	1
	William E. Cooper, M.D.					\$9,000.00	1
						\$97,563,421.7	
Muscatatuck SDC Total		\$30,390,703.00	10	\$12,564,087.40	14	0	18
OMPP Administation	Adinastar Federal, Inc.			\$150,000.00	1		
	Amie Stamper, R.N.	\$24,980.40	1				
	Capital Health Strategies	\$160,246.00	1				
	Carol Braitman, R.N.	\$12,490.20	1				
	Carole Bracken, R.N.	\$24,980.40	1	\$25,064.00	1		
	Cheryl Petty, R.N.	\$12,490.20	1				
	Connie Weber, R.N.	\$12,490.20	1	\$50,128.00	1		
	Constance Grimes, R.N.			\$25,064.00	1		

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	Debra Mcgovern, R.N.	\$35,594.00	1				
	Donna Stolz Sembroski	\$25,000.00	1				
	Health Management Associates					\$137,606.00	1
	Jayne Parsons, R.N.	\$24,980.40	1				
	Kimbra Rangel, R.N.	\$12,490.20	1				
	Kristi Mccloud, R.N.			\$25,064.00	1		
	Leagre Chandler & Millard Llp	\$140,000.00	1				
	Lifemark Corporation					\$17,966,310.00	1
	Mary Barret, R.N.	\$24,980.40	1				
	Medstat Group, Inc.			\$2,500,000.00	1		
	Milliman & Robertson, Inc.	\$600,000.00	1				
	Milliman And Robertson, Inc.	\$600,000.00	1				
	Pat Car, R.N.	\$24,980.40	1				
	Ronald B. Rice, M.D.	\$63,990.00	1	\$110,812.00	1		
	Rose S. Fife, M.D.	\$63,990.00	1	\$110,812.00	1		
	Sarah Kercheval, Ms, Rn	\$36,545.40	1				
	Sarah Kercheval, R.N.			\$50,128.00	1		
	The Medstat Group, Inc.	\$2,487,301.00	2				
	The Wishard Health Services/Hispanic Health	¢160,000,00	1				
	Projec	\$160,000.00	1			\$18,103,916.0	
OMPP Administration Tota		\$4,547,529.20	21	\$3,047,072.00	9	0	2
Prevention	Moses W. Gray	\$55,000.00	1				
	Sandra L. Priestino, Phd./Ramsan	\$37,494.00	1				
Prevention Total		\$92,494.00	2				
Prevention Needs	Indiana University	\$72,612.39	1				
Prevention Needs Total		\$72,612.39	1				
Project Safe Place Fund	Indiana Youth Services Association, Inc.			\$250,000.00	1		

Project Safe Place Fund						
Total				\$250,000.00	1	
RAPR (Relations)	Boys And Girls Club Of Bloomington Endowment Fund,	\$1,000.00	1			
	Brownstown Central Community School Corporation	\$1,000.00	1			
	Lincoln Hills Development Corporation	\$1,000.00	1			
	Regenerations, Inc.			\$1,000.00	1	
RAPR (Relations) Total		\$3,000.00	3	\$1,000.00	1	
RBA	Grand Lodge Free & Accepted Masons/Indiana Masonic	\$0.00	1			
	Hart Medical Investors Limited Partnership/Rensselaer			\$0.00	1	
	Indianapolis Retirement Home	\$0.00	1			
	Metro Foundation/Midwest, Inc. /Michigan City Health	\$0.00	1			
	Parkview Residential Care Center	\$0.00	1			
	Trilogy Health Services Llc, Dba Woodmont Health Corp.	\$0.00	1			
RBA Total		\$0.00	5	\$0.00	1	
Reach	Quantec, L.L.C.			\$138,471.00	1	
Reach Total				\$138,471.00	1	
Regional Independent	Apostolic Youth & Family Services, Inc.	\$40,000.00	1			
	Cassandra Mcconn, Inc.	\$13,232.00	1			
	Debra Corn N.P., Inc.	\$7,582.00	1			
	Dekalb Co. Parent Group For Handicapped Children,	\$60,834.00	1			
	Family Solutions Inc.	\$18,162.00	1			
	Four County Comprehensive Mental Health Center, Inc.	\$35,848.00	1			

	Hamilton Center, Inc.	\$23,171.00	1			
	Home Team Advantage, Incorporated	\$58,104.00	1			
	Indiana Youth Advocate Program, Inc.	\$98,519.38	1			
	Ireland & Luzio Behavioral Services, Inc.	\$68,134.00	1			
	Lifeline Youth & Family Services, Inc.	\$9,076.00	1			
	Lutheran Child And Family Services Of Indiana/Kent	\$15,320.00	1			
	Moore, Inc.	\$14,240.00	1			
	New Castle Community School System	\$19,638.40	1			
	On Target, Inc.	\$8,387.20	1			
	Psi Services, Iii, Inc.	\$16,000.00	1			
	The Otis R. Bowen Center For Human Services, Inc.	\$13,298.00	1			
	Tree Of Life Community Development Corporation	\$24,000.00	1			
	Woodlawn East Community & Neighbors, Inc.	\$40,000.00	1			
	Youth Service Bureau Of Jay County, Inc.	\$6,880.00	1			
	Youth Service Bureau Of Porter County, Inc.	\$10,383.00	1			
Regional Independent Total		\$600,808.98	21			
Rehab Services	Abilities Services, Inc.			\$0.00	1	
	Adec, Inc.			\$0.00	1	
	Adult And Chid Mental Health Center, Inc.			\$0.00	1	
	Anthony Wayne Rehabilitation Center For Handicapped			\$1,700,000.00	1	
	Anthony Wayne Rehabilitation Center, For Handicapped	\$1,400,000.00	1			
	Anthonyt Wayne Rehabilitation Center For Handicapped			\$0.00	1	
	Arc Of Vigo County, Inc.			\$0.00	1	

Arc Opportunities, Inc.		\$0.00	1
Assist, Inc.		\$0.00	1
Associated Patient Services, Inc.		\$0.00	1
Behaviorcorp, Inc.		\$0.00	2
Bi-County Services, Inc.		\$0.00	1
Blue River Services, Inc.	\$150,000.00 1	\$0.00	1
Bona Vista Programs, Inc.		\$0.00	1
Boone County Arc, Inc.		\$0.00	1
Bosma Industries For The Blind, Inc.		\$0.00	1
Bridgepointe Goodwill Industries And Easter		+0.00	
Seal Society		\$0.00	1
Cardinal Center, Inc.		\$0.00	1
Carey Services, Inc.		\$0.00	1
Cass Council For Mentally Retarded Citizens, Inc.		\$0.00	1
CDC Resources, Inc.		\$0.00	1
Child-Adult Resource Services, Inc.		\$0.00	1
Community Hospitals Of Indiana, Inc.		\$0.00	1
Community Mental Health Center , Inc.		\$0.00	1
Comprehensive Mental Health Services, Inc.		\$0.00	1
Crossroads Rehabilitation Center, Inc.		\$0.00	1
Cummins Mental Health Center, Inc.		\$0.00	1
Developmental Services, Inc.		\$0.00	1
Evansville Arc, Inc.		\$0.00	1
Evansville Goodwill Industires, Inc.		\$0.00	1
Evansvlle Association For The Blind, Inc.		\$0.00	1
Four County Comprehensive Mental Health			
Center, Inc.		\$0.00	1
Four Rivers Resource Services, Inc.		\$0.00	1

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Gibson County Area Rehabilitation Centers, Inc.			\$0.00	1
Goodwill Industries Of Central Indiana, Inc.			\$0.00	1
Goodwill Industries Of Michiana, Inc.			\$0.00	1
Goodwill Industries Of Northeast Indiana, Inc.			\$0.00	1
Green Acres, Inc.			\$0.00	1
Hamilton Center , Inc.			\$0.00	1
Health And Hospital Corporation Of Marion County,			\$0.00	1
Hillcroft Center, Inc.	\$500,000.00	1		
Hillcroft Services, Inc.			\$0.00	1
Hopewell Center, Inc.			\$0.00	1
Independent Residential Living Of Central Indiana,			\$0.00	1
Indianapolis Resource Center For Independent Livin			\$0.00	1
In-Pact, Inc.			\$0.00	1
Janus Developmental Services, Inc.			\$0.00	1
Jay-Randolph Developmental Services, Inc.			\$0.00	1
Johnson County Association For Retarded Citizens, Inc.			\$0.00	1
Knox County Association For Retarded Citizens, Inc			\$0.00	1
Lake County Association For The Retarded, Inc.	\$460,000.00	1	\$0.00	1
Landmark Services, Inc.			\$0.00	1
Laporte County Comprehensive Mental Health Council			\$0.00	1
Logan Community Resources, Inc.			\$0.00	1

Madison Center, Inc.			\$0.00	1
Marshall-Starke Development Center, Inc.			\$160,000.00	1
Marshall-Starke Development Center, Inc.			\$0.00	1
Michiana Resources, Inc.	\$255,000.00	1	\$275,000.00	2
New Hope Services, Inc.			\$0.00	1
New Horizons Rehabilitation, Inc.			\$0.00	1
Noble County Association For Retarded Citizens, Inc.			\$0.00	1
Noble, Inc.			\$0.00	1
Northeastern Center, Inc.			\$0.00	1
Oaklawn Psychiatric Center, Inc.			\$50,000.00	2
Opportunity Enterprises, Inc.			\$700,000.00	3
Options For Better Living, Inc.	\$50,000.00	1	\$0.00	1
Orange County Rehabilitative & Developmental Services			\$0.00	1
Park Center, Inc.	\$100,000.00	1	\$0.00	1
Passages, Inc.			\$0.00	1
Pathfinder Services, Inc.			\$0.00	1
Porter-Starke Services, Inc.			\$0.00	1
Putnam County Comprehensive Services, Inc.			\$0.00	1
Quinco Consulting Center, Inc.			\$0.00	1
Raintree Programs, Inc.			\$0.00	1
Rauch, Inc.			\$0.00	1
Rehabilitation Hospital Of Indiana, Inc.			\$0.00	1
Rise, Inc.			\$0.00	1
Shares, Inc.			\$0.00	1
South Central Community Mental Health Centers, Inc			\$0.00	1
Southern Indiana Resource Solutions, Inc.			\$0.00	1

	Southlake Comunity Mental Health Center, Inc.			\$0.00	1	
	Southwestern Indiana Mental Health Center, Inc.			\$50,000.00	2	
	Stone Belt Arc, Inc.			\$0.00	1	
	Sycamore Rehabilitation Services/Hendrick County A			\$0.00	1	
	The Arc Of Northeast Indiana, Inc.			\$0.00	1	
	The Associaiton For Retarded Citizens Of Wabash Co			\$0.00	1	
	The Center For Mental Health, Inc.			\$0.00	1	
	The Rehabilition Center, Inc.			\$0.00	1	
	The Southern Hills Counseling Center, Incorporated			\$0.00	1	
	Tradewinds Rehabilitation Center, Inc.			\$0.00	1	
	Tri-City Comprehensive Community Mental Health			\$0.00	1	
	Wabash Center, Inc.			\$0.00	1	
	Wabash Valley Hosptial, Inc.			\$0.00	1	
	Work Able, Inc.			\$0.00	1	
Rehab Services Total		\$2,915,000.0	00 7	\$2,935,000.00	98	
Rehab. Engineering	Maximus, Inc.			\$72,000.00	1	
Rehab. Engineering Total				\$72,000.00	1	
Residential Services Dd	Arc Of Indiana	\$13,700.0	00 1			
Residential Services Dd Total		\$13,700.0	00 1			
Restoring	Abilities Services, Inc.			\$45,000.00	1	
	Bartholomew Area Legal Aid, Inc.			\$35,000.00	1	
	Catholic Charities Of The Diocese Of Gary/Catholic			\$50,000.00	1	

Child-Adult Resources Services, Inc.		\$27,000.00	1
Christian Haven Incorporated		\$40,000.00	1
Clark County Youth Shelter And Family Services, In		\$25,150.00	1
Clay County Board Of Commissioners		\$36,000.00	1
Family & Children's Center Counseling And Development		\$30,000.00	1
Family Service Association Of The Wabash Valley, Inc.		\$26,000.00	1
Family Services Society, Inc.		\$25,000.00	1
Fathers And Families Resource/Research Center, Inc		\$40,000.00	1
Helping Our People Excel, Inc.		\$50,000.00	1
Hoosier Uplands Economic Development Corporation		\$43,750.00	1
Housing Authority Of The City Of Hammond		\$40,000.00	1
Housing Authority Of The City Of Terre Haute		\$26,000.00	1
Indiana University Research Sponsored Programs	\$23,338.00		
Jefferson County Board Of Commissioners		\$26,100.00	1
Lincoln Hills Development Corporation		\$40,000.00	1
Living Work Of God Ministries, Inc.		\$25,000.00	1
Madison Center, Inc.		\$35,000.00	1
Preservation Partners, Inc.		\$45,000.00	1
Purdue University		\$35,000.00	1
Refuge House Ministries, Inc.		\$35,000.00	1
River Valley Resources, Inc.		\$55,000.00	1
Saint Margaret Mercy Helath Care Center, Inc.		\$25,000.00	1

	Southeastern Indiana Economic Opportunity Corp. St. Paul Human Services, Inc. Stop The Madness, Inc. Youth Services Bureau Of Huntington County		\$35,000.00 \$37,000.00 \$40,000.00 \$28,000.00	1 1 1 1	
Restoring Total		\$23,338.00 1	\$1,000,000.00	28	
Richmond St Hospital	Carolyn Hanna		\$42,555.00	1	
	Constance Severson Clodfelter		\$62,400.00	1	
	Dunn Mental Health Center, Inc.		\$144,000.00	1	
	Eldon Platt		\$36,000.00	1	
	Glenn Plaster		\$41,600.00	1	
	Green Acres, Inc.		\$60,000.00	1	
	Gregory R. Karch, Ph.D.		\$49,920.00	1	
	Happy Software				\$25,699.25 1
	Harriet V. Grubb		\$49,920.00	1	
	L.M. Shultes, Ph.D.		\$1,200.00	1	
	Larry Setser		\$15,600.00	1	
	Marjorie Black		\$18,120.00	1	
	Mary Schwendener-Holt, Ph.D.		\$36,000.00	1	
	Michelle Sherer		\$48,000.00	1	
	National Association Of State Mental/Nasmhph/		\$4,867.00	1	
	Pamela Schutte-Williams		\$99,840.00	1	
	Pedro C. Rodriguez		\$74,880.00	1	
	Richard Garnet, M.D.		\$12,864.00	1	
	Richmond Podiatry P.C.		\$15,840.00	1	
Richmond St Hospital Tota	·		\$813,606.00	18	\$25,699.25 1
Sex Offense Services	Albion Fellows Bacon Center, Inc.	\$7,500.00	L		

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	Breaking Free, Inc.	\$7,500.00	1			
	Columbus Regional Shelter For Victims Of					
	Domestic	\$7,500.00	1			
	Community And Family Resource Center, Inc.	\$7,500.00	1			
	Crisis Connection, Inc.	\$7,500.00	1			
	Family Services Of Delaware County, Inc.	\$7,500.00	1			
	Fort Wayne Women's Bureau, Inc.	\$7,500.00	1			
	Indiana Coalition Against Sexual Assault, Inc.	\$7,500.00	1			
	Indiana University	\$6,357.00	1			
	Madison Center, Inc.	\$7,500.00	1			
	Middle Way House, Incorporated	\$7,500.00	1			
	North Central Rural Crisis Center, Inc.	\$7,500.00	1			
	Prevail, Inc. Of Hamilton County	\$7,500.00	1			
	Southside Youth Council IncA Youth Service					
	Burea	\$12,000.00	1			
	St. Jude House	\$7,500.00	1			
	The Children's Bureau Of Indianapolis, Inc.	\$12,000.00	1			
	Wishard Memorial Foundation, Inc.	\$12,000.00	1			
	Young Women's Christian Associaiton Of					
	Richmond In	\$7,500.00	1			
Sex Offense Services Total		\$147,357.00	18			
Shelter Plus	Community Mental Health Center, Inc.	\$76,308.25	1			
	Health & Hospital Corp Of Marion County	\$1,400,220.00	1			
	Tri-City Comprehensive Mental Health					
	Center, Inc.			\$108,983.50	1	
Shelter Plus Total		\$1,476,528.25	2	\$108,983.50	1	
SNAP	The Children's Bureau Of Indianapolis, Inc.			\$1,073,151.00	1	
SNAP Total				\$1,073,151.00	1	
SNAP/Special Needs	Children Are The Future	\$219,900.00	1			

	Children Are The Future, Inc.		Ī	\$157,050.00	1	
	Family Works, Inc.			\$66,400.00	1	
	,	¢0E 000 00	1		1	
	Indiana Youth Advocate Program, Inc.	\$85,800.00	1	\$85,800.00	1	
	Judy Kendrick/Family Works, Inc.	\$66,400.00	1			
	Lutheran Child And Family Services Of Indiana/Ky	\$75,200.00	1	\$75,200.00	1	
	Martha Robertson/Children Are The Future,					
	Inc.	\$157,050.00	1			
	Mary Rose Nevitt	\$5,000.00	1			
	Moses W. Gray/Concept Ii Reality, Inc.	\$360,000.00	1			
	Ron Carpenter/Children'S Bureau, Inc.	\$157,050.00	1			
	Sharon Pierce/The Villages Of Indiana, Inc.	\$162,800.00	1			
	Specialized Alternatives For Families And Youth Of	\$162,050.00	1			
	The Children's Bureau Of Indianapolis, Inc.			\$157,050.00	1	
	The Villages Of Indiana Inc			\$162,800.00	1	
	The Villages Of Indiana, Inc.			\$102,600.00	1	
SNAP/Special Needs Total	The Villages Of Indiana, Inc.	\$1,451,250.00	10	\$704,300.00	6	
· •	Abilities Services, Inc.	\$1,451,250.00 \$51,444.00	10	· ·	6	
· •			10 1 1	· ·	6	
· •	Abilities Services, Inc.	\$51,444.00	10 1 1 1	· ·	6	
SNAP/Special Needs Total SPOE/Part-H	Abilities Services, Inc. Abilities Unlimited, Inc. Disability Services	\$51,444.00 \$112,506.00	1 1 1 1 1	· ·	6	
· •	Abilities Services, Inc. Abilities Unlimited, Inc. Disability Services Adec, Inc.	\$51,444.00 \$112,506.00 \$99,584.00	1 1 1 1 1	· ·	6	
· ·	Abilities Services, Inc. Abilities Unlimited, Inc. Disability Services Adec, Inc. Arc Opportunities, Inc.	\$51,444.00 \$112,506.00 \$99,584.00	10 1 1 1 1	· ·	6	
•	Abilities Services, Inc. Abilities Unlimited, Inc. Disability Services Adec, Inc. Arc Opportunities, Inc. Area V Agency On Aging & Community	\$51,444.00 \$112,506.00 \$99,584.00 \$12,017.00	10 1 1 1 1 1	· ·	6	
•	Abilities Services, Inc. Abilities Unlimited, Inc. Disability Services Adec, Inc. Arc Opportunities, Inc. Area V Agency On Aging & Community Services, Inc.	\$51,444.00 \$112,506.00 \$99,584.00 \$12,017.00 \$33,694.00	10 1 1 1 1 1 1	· ·	6	
· •	Abilities Services, Inc. Abilities Unlimited, Inc. Disability Services Adec, Inc. Arc Opportunities, Inc. Area V Agency On Aging & Community Services, Inc. Blue River Services, Inc. Boone County Arc, Inc. Bridgepointe Goodwill Industries & Easter	\$51,444.00 \$112,506.00 \$99,584.00 \$12,017.00 \$33,694.00 \$47,660.00 \$31,462.00	10 1 1 1 1 1 1 1	· ·	6	
	Abilities Services, Inc. Abilities Unlimited, Inc. Disability Services Adec, Inc. Arc Opportunities, Inc. Area V Agency On Aging & Community Services, Inc. Blue River Services, Inc. Boone County Arc, Inc.	\$51,444.00 \$112,506.00 \$99,584.00 \$12,017.00 \$33,694.00 \$47,660.00	1 1 1 1 1 1	· ·	6	

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Cass Council For Retarded Citizens, Inc.	\$18,315.00	1
Cdc Resources, Inc.	\$20,094.00	1
Child-Adult Resourses Services, Inc.	\$68,474.00	1
Community Action Program, Inc. Of Western		
Indiana	\$4,476.00	1
Council On Aging Of Starke County, Inc.	\$7,993.00	1
Decatur County Community Schools	\$16,127.00	1
Dunn Memorial Hospital	\$28,158.00	1
First Steps Of Allen County, Inc.	\$215,196.00	1
Four Rivers Resource Services, Inc.	\$56,203.00	1
Gibson County Area Rehabilitation Centers,		
Inc.	\$44,652.00	1
Greenfield-Central Community School	+74.044.00	
Corporation	\$74,914.00	1
Hamilton Center, Inc.	\$59,620.00	1
Henry County Step Ahead Council, Inc.	\$24,599.00	1
Hillcroft Services, Inc.	\$66,498.00	1
Indiana University On Behalf Of Area 9 & Community	\$88,202.00	1
Indiana University/Research And Sponsored	, ,	
Programs	\$104,073.00	1
Jay-Randolph Developmental Services, Inc.	\$40,345.00	1
Jennings County Step Ahead Council, Inc.	\$15,364.00	1
Madison County Step Ahead Council, Inc.	\$80,986.00	1
Marion County First Steps Council, Inc.	\$58,787.00	1
Marion County First Steps Council,		
Incorporated	\$716,166.00	1
Monroe County Step Ahead Council Corp.	\$74,250.00	1
New Hope Services, Inc.	\$27,861.00	1
New Horizons Rehabilitation, Inc.	\$48,082.00	1

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	Newton County Council On Aging & Community Service	\$4,476.00	1		
	Noble County Community Foundation, Inc.	\$98,483.00	1		
	Opportunity Enterprises, Inc.	\$69,209.00	1		
	Orange County Rehabilitative & Developmental Services	\$10,789.00	1		
	Parents Council For Handicapped & Retarded Children	\$40,910.00	1		
	Pathfinder Services, Inc.	\$26,506.00	1		
	Rauch, Inc.	\$60,482.00	1		
	Southern Indiana Resource Solutions, Inc.	\$75,691.00	1		
	Stone Belt Arc, Inc.	\$31,363.00	1		
	Sycamore Rehabilitation Services/Hendricks County	\$50,357.00	1		
	The Association For Retarded Citizens Of Wabash County	\$17,016.00	1		
	The Lake County First Steps Council, Inc.	\$224,134.00	1		
	The Rehabilitation Center, Inc.	\$99,372.00	1		
	United Health Services Of St. Joseph County, Inc.	\$211,666.00	1		
	United Way Of Wells County, Inc.	\$26,746.00	1		
	Wabash Center, Inc.	\$66,144.00	1		
	Wabash Valley Human Services, Inc.	\$22,651.00	1		
	Young Women's Christian Association Of Kokomo, Inc	\$56,542.00	1		
SPOE/Part-H Total		\$3,728,168.00	52		
SSA/VR	Saga Software, Inc.	\$2,273,564.00	1		
SSA/VR Total		\$2,273,564.00	1		
SSBG	Dubois-Pike-Warrick Economic Opp/Tri-Cap E.O.C.Inc			\$124,584.00 1	

	Health And Hospital Corporation Of Marion	1				I	
	County D				\$535,394.00	1	
	Howard Community Hospital/ Healthy Children/Teen				\$50,000.00	1	
	Indianapolis Public Transportation Corporation				\$250,000.00	1	
	Johnson Nichols Health Clinic, Inc.				\$28,800.00	1	
	Madison Center, Inc.				\$22,500.00	1	
	Mediation Services Of Tippecanoe County, Inc.				\$10,955.00	1	
	Neighborhood Health Clinics, Inc.				\$66,982.00	1	
	Open Door/Bmh Health Center, Incorporated				\$59,882.00	1	
	Planned Parenthood Of Greater Indiana, Inc.				\$3,000,000.00	1	
	Planned Parenthood Of North Central Indiana, Inc.				\$205,024.00	1	
	The Ncaa Foundation, Inc.				\$30,000.00	1	
	Visiting Nurse Service, Inc.				\$20,102.00	1	
	Wabash Valley Human Services, Inc.				\$183,544.00	1	
	Youth On Line Incorporated				\$20,000.00	1	
SSBG Total					\$4,607,767.00	15	
SSBG DDARS	Anthony Wayne Rehabilitation Center For The Handicapped				\$22,200.00	1	
	Crossroads Rehabilitation Center, Inc.				\$65,000.00	1	
	Deaf Services, Inc.		\$10,946.00	1	\$29,169.00	1	
	Division Of Disability, Aging & Rehabilitative Services				\$27,876,812.00	1	
	Evansville Goodwill Industires, Inc.				\$30,240.00	1	
	Evansville Goodwill Industries, Inc.		\$13,690.16	1			
	Janet Lancaster/South-Central Indiana Interpreting				\$7,500.00	1	

	Rauch, Inc.		\$9,000.00	1
	United Health Services Of St. Joseph County,			
	Inc.	101.000.10	\$8,272.50	1
SSBG DDARS Total		\$24,636.16 2	\$28,048,193.50	8
State Weatherization	A.C.T.I.O.N. Inc. Of Delaware County, Inc.		\$85,404.00	1
	Area Five Agency On Aging And Community Services, Inc.		\$40,189.00	1
	Area Iv Agency On Aging And Community Action Program		\$80,801.00	1
	Board Of Madison County Commissioners/Jobsource		\$70,687.00	1
	Community Action Of East Central Indiana, Inc.		\$69,741.00	1
	Community Action Of Greater Indianapolis, Inc.		\$176,751.00	1
	Community Action Of Northeast Indiana, Inc.		\$103,996.00	1
	Community Action Program Inc. Of Western Indiana		\$68,960.00	1
	Community Action Program Of Evansville And Vanderburgh		\$81,976.00	1
	Community And Family Services, Inc.		\$76,135.00	1
	Dubois-Pike-Warrick Economic Opportunity Committee		\$60,946.00	1
	Hoosier Uplands Economic Development Corporation		\$143,554.00	1
	Human Services		\$80,593.00	1
	Indiana Community Action Association Incorporated	\$14,210.00 1		
	Interlocal Community Action Programs, Inc.		\$66,330.00	1
	Lceoc, Inc.		\$129,675.00	1
	Lincoln Hills Development Corporation		\$59,222.00	1

	North Central Community Action Agencies, Inc. Ohio Valley Opportunities, Inc. Real Services, Inc. South Central Community Action Program, Inc.	\$55,555.00	1	\$73,498.00 \$65,604.00 \$81,489.00	1 1	
	Southeastern Indiana Economic Opportunity Corporation			\$66,641.00	1	
	Wabash Valley Human Services, Inc.			\$73,424.00	1	
	Western Indiana Community Action Program			\$76,955.00	1	
State Weatherization Total		\$69,765.00	2	\$1,832,571.00	22	
Step Ahead	Sarah Killion			\$10,750.00	1	
	Teri White			\$34,600.00	1	
	The Indiana Association Of United Way, Incorporation			\$57,445.00	1	
Step Ahead Total				\$102,795.00	3	
Step Ahead Combined	Community & Family Services, Inc.			\$8,950.50	1	
	Housing Authority Of The City Of Marion	\$27,382.00	1			
	United Way Of Allen County, Inc.	\$32,465.00	1			
Step Ahead Combined Total		\$59,847.00	2	\$8,950.50	1	
Step Ahead Parent	Elkhart Community Schools			\$59,258.00	1	
	Evansville-Vandeburgh School Corporation			\$49,968.00	1	
	Fayette County School Coporation			\$100,910.00	1	
	Gary Community School Corporation			\$88,286.00	1	
	Jay School Corporation			\$35,618.00	1	
	Kokomo-Center Township Consolidated School Corp			\$83,108.00	1	
	Michigan Ciy Area Schools			\$84,141.00	1	

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	New Albany-Floyd County Consolidated School Corp		\$76,563.00	1	
	North Adams Community Schools		\$64,152.00	1	
	Paoli Community School Corporation		\$45,926.00	1	
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	Perry Central Community School Corporation		\$37,535.00	1	
	Renselaer Central Schools Corporation		\$79,581.00	1	
	Richmond Community Schools		\$103,428.00	1	
	School City Of East Chicago		\$59,090.00	1	
	Smith-Green Community Schools		\$25,152.00	1	
	South Bend Commuity School Corporation		\$76,088.00	1	
	Vigo County School Corporation		\$61,055.00	1	
	Whitko Community School Corporation		\$33,146.00	1	
Step Ahead Parent Total			\$1,163,005.00	18	
Substance Abuse	Addiction Resource Network Of Indiana, Inc.		\$0.00	1	
	Affiliated Service Providers Of Indiana, Inc.		\$0.00	1	
	Aids Ministries/Aids Assist Of North Indiana,				
	Inc.		\$106,570.00	1	
	Boys & Girls Club, Inc. Of Ft. Wayne		\$449,000.00		
	•		φ++2,000.00	1	
	Carmel Clay School Corp.		\$132,812.50	1	
	Christian Community Youth Center Board,		\$132,812.50	1	
	Christian Community Youth Center Board, Inc.		\$132,812.50 \$132,812.50	1 1 1	
	Christian Community Youth Center Board, Inc. Community Action Of Southern Indiana, Inc.		\$132,812.50 \$132,812.50 \$132,812.50	1 1 1 1	
	Christian Community Youth Center Board, Inc.		\$132,812.50 \$132,812.50	1 1 1 1	
	Christian Community Youth Center Board, Inc. Community Action Of Southern Indiana, Inc.		\$132,812.50 \$132,812.50 \$132,812.50	1	
	Christian Community Youth Center Board, Inc. Community Action Of Southern Indiana, Inc. Community And Family Resource Center, Inc.		\$132,812.50 \$132,812.50 \$132,812.50 \$132,812.50	1	
	Christian Community Youth Center Board, Inc. Community Action Of Southern Indiana, Inc. Community And Family Resource Center, Inc. Community Initiatives, Inc.		\$132,812.50 \$132,812.50 \$132,812.50 \$132,812.50 \$132,812.50	1 1 1	
	Christian Community Youth Center Board, Inc. Community Action Of Southern Indiana, Inc. Community And Family Resource Center, Inc. Community Initiatives, Inc. Decatur Circuit Court		\$132,812.50 \$132,812.50 \$132,812.50 \$132,812.50 \$132,812.50 \$132,812.50	1 1 1 1	

	Family Services Of Delaware County Indiana,		
	Inc.	\$865,612.50	1
	Health & Hospital Corporation Of Marion County	\$252,000.00	1
	Hoosier Uplands Economic Development Corporation	\$132,812.50	1
	Indiana Alcoholic Beverage Commission	\$72,000.00	1
	Indiana Communities For Drug-Free Youth, Inc.	\$848,012.50	1
	Indiana Criminal Justice Institute	\$42,000.00	1
	Indiana University	\$1,145,930.00	1
	Marion County Cooperative Extension	\$265,625.00	2
	Monroe County Commissioners	\$132,812.50	1
	Montgomery County Board Of Commissioners	\$132,812.50	1
	Our Place Drug And Alcohol Education Services, Inc	\$435,500.00	1
	Partnership For A Drug Free Lake County, Inc.	\$132,812.50	1
	Purdue University	\$1,086,000.00	1
	Southlake/Tri-City Management Corp./Geminus Corpor	\$0.00	1
	St. Joseph Hospital And Health Center, Inc.	\$0.00	1
	Substance Abuse Council Of Vanderburgh County	\$132,812.50	1
	Tara Treatment Center, Inc.	\$0.00	1
	Young Men's Christian Association Of Greater Indpl	\$778,500.00	1
	Youth Service Bureau, Inc.	\$381,200.00	1
Substance Abuse Total		\$8,992,900.00	33
TANF	Crowe, Chizek And Company Llp	\$822,530.00	1

	Indiana University On Behalf Of The School Of Publ	\$15,000.00	1			
TANF Total	011 421	\$15,000.00	1	\$822,530.00	1	
TANF Funds	Indiana Coalition Against Domestic Violence, Inc.			\$200,000.00	1	
	Institute Of Human Services	\$2,000,000.00	1			
TANF Funds Total		\$2,000,000.00	_1	\$200,000.00	1	
TANF-MOE (Family Planning)	Area IV Agency On Aging & Community Action Program	\$79,650.00	1			
	Board Of Madison Co. Job Source	\$79,650.00	1			
	Community Action Of Northeast Indiana, Inc.	\$159,300.00	1			
	Community Action Program Inc, Of Western Indiana	\$79,650.00	1			
	Hoosier Uplands Economic Development Corporation	\$79,650.00	1			
	Human Services, Inc.	\$199,125.00	1			
	South Central Community Action Programs, Inc.	\$79,650.00	1			
	Wabash Valley Human Services, Inc.	\$79,650.00	1			
TANF-MOE (Family Planning) Total		\$836,325.00	8			
Technology/VR	Accessing Technology Through Action In Indiana, Inc.	\$692,208.46	1			
	Assistive Technology Through Action In Indiana, Inc.			\$2,353,853.05	2	
Technology/VR Total		\$692,208.46	1	\$2,353,853.05	2	
Teen Pregnancy Prevention	Health And Hospital Corporation Of Marion County			\$799,824.00	1	
Teen Pregnancy Prevention Total				\$799,824.00	1	

TEFAP	The Gleanors Food Bank Of Indiana, Inc.	\$300,000.00	1	
TEFAP Total		\$300,000.00	1	
Title III A&B	Aging & Community Services Of South Central Indiana	\$4,874,752.00	1	
	Area 10 Council On Aging Of Monroe & Owen Counties	\$2,702,163.00	1	
	Area Five Agency On Aging & Community Services, Inc.	\$6,086,325.00	1	
	Indiana Association Of Area Agencies On Aging	\$392,799.00	1	
	Real Services, Inc.	\$16,045,315.00	1	
Title III A&B Total		\$30,101,354.00	5	
Title IV-B Part I / RC	Adult & Child Mental Health Center, Inc.	\$27,947.76	1	
	Adult And Child Mental Health Center, Inc.	\$7,587.50	1	
	Alternative Counseling Associates	\$25,000.00	1	
	Apostolic Youth And Family Services, Incorporated	\$20,000.00	1	
	Ball State University	\$55,000.00	1	
	Barbara A. Osborn	\$17,127.83	1	
	Barbara Osborn, Ascw/Lcsw	\$13,020.00	1	
	Betty U. Watson, Ph.D. Hspp	\$2,200.00	1	
	Big Brothers/Big Sisters Of Wayne And Union Counties	\$5,000.00	1	
	Bonhomie Counseling Corp.	\$6,000.00	1	
	Brighter Tomorrows, Inc.	\$24,506.00	2	
	Carol Marlene Tryon	\$14,151.00	1	
	Carolyn A. Kern, Mpa	\$65,000.00	1	
	Caruthers & Associates	\$20,000.00	1	
	Cass County Council On Aging, Inc.	\$1,500.00	1	

Cassandra Mcconn, Inc.	\$174,307.18	2
Catholic Charities Of The Diocese Of Ft.	4 = 7 7 7 7 7 7 7 7 7 7	
Wayne South	\$277,390.62	1
Catholic Charities Of The Diocese Of Gary, Inc.	\$8,001.00	1
Child Abuse Prevention Services, Inc.	\$48,215.30	1
Children And Family Services Corporation	\$24,280.50	1
Christian Haven Teendowment Fund Inc.	\$8,000.00	1
Christopher Scruton, Ph.D. Hspp	\$6,500.00	1
Community And Family Resource Center, Inc.	\$9,000.00	1
Community Mental Health Center, Inc.	\$16,015.98	1
Comprehensive Mental Health Services, Inc.	\$36,367.25	1
David L. Winsch, Ph.D.	\$17,927.50	1
Debra Corn Agency, Inc.	\$23,859.22	1
Dekalb Co. Parent Group For Handicapped Children,	\$81,181.89	1
Delores M. Hearn	. ,	1
	\$5,000.00	
Dodson Shively And Associates	\$54,641.57	1
Dodson Shively And Associates Inc	\$53,985.41	1
Dodson Shively And Associates Inc.	\$115,549.70	2
Dunn Mental Health Center, Inc.	\$27,489.00	1
Edgewater Systems For Balanced Living, Inc.	\$22,500.00	1
Eldon Solomon, M.S.L.M.H.C.	\$1,587.00	1
Elkhart Youth Services Bureau, Inc.	\$16,040.00	1
Families United, Inc.	\$136,969.80	2
Family & Children's Service, Inc.	\$55,217.20	1
Family And Children's Cente Counseling &		
Developme	\$33,000.00	1
Family Centered Services, Inc.	\$55,606.25	1

Family Learning Center, Inc.	\$59,363.00	2
Family Life Development, Inc.	\$80,650.00	1
Family Service Association Of Central Indiana, Inc.	\$97,850.00	1
Family Service Association Of Howard County, Inc.	\$43,564.16	1
Family Service Society, Inc.	\$30,000.00	1
Family Services And Prevention Programs, Inc.	\$5,000.00	1
Family Services Of Delaware County Indiana, Inc.	\$31,947.00	1
Family Solutions, Inc.	\$54,066.73	1
Family Works, Inc.	\$447,416.00	3
Fort Wayne Women'S Bureau, Inc.	\$39,995.50	1
Foster Care Services, Inc.	\$19,045.00	1
Foster Parent Training, Inc.	\$15,000.00	1
Foster Parents Services, Inc.	\$19,000.00	1
Four County Comprehensive Mental Health Center, Inc.	\$39,422.82	2
Friends Of Families, Inc.	\$67,108.17	1
Gayla Kaibel, Phd, P.C.	\$4,871.00	1
Grant-Blackford Mental Health, Inc.	\$18,064.48	1
Greater First Baptist Church Of East Chicago, Indi	\$19,995.72	1
Hamilton Center, Inc.	\$62,717.16	1
He Southern Hills Counseling Center Incorporated	\$38,997.71	1
Hillcroft Services, Inc.	\$83,500.00	1
Holy Cross Community Services, Inc.	\$26,000.00	1
Home Team Advantage, Incorporated	\$58,873.40	1

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Human Beginnings, Inc.	\$27,945.00	1
Indiana Youth Advocate Program, Inc.	\$108,561.65	3
Ireland & Luzio Behavioral Services, Inc.	\$144,076.77	1
Irene Spindler, Ccsw	\$13,035.00	1
Janet Rhodes-Carlson	\$14,300.81	1
Kenneth Rice, Csw	\$19,735.00	1
Kidspeace National Centers Of North America	\$42,212.50	1
Kidspeace National Centers Of North America, Inc.	\$5,674.00	1
Kurt H. Gregory D/B/A/ Family Support Services Of	\$44,258.97	1
Lake County Child Abuse Prevention Council, Inc.	\$25,000.00	1
Lakeview Life Center, Inc. / Life Center Counselin	\$30,000.00	1
Laporte Regional Health System, Inc.	\$511,452.78	1
Lifeline Youth & Family Services, Inc.	\$35,000.00	1
Lincoln Hills Development Corporation	\$112,659.88	2
Madison Center, Inc.	\$40,992.00	2
Metropolitan Oasis Community Development		
Corporation	\$9,000.00	1
Midtown Community Mental Health Center	\$52,680.00	1
Moore, Inc.	\$11,000.00	1
New Horizons Rehabilitation, Inc.	\$47,096.02	1
Nhi Corp	\$40,000.00	1
North Adams Community School	\$5,107.00	1
Oaklawn Psychiatric Center, Inc.	\$59,739.40	2
Our Children, Our Future, Inc.	\$28,000.00	1
Paralegal On Call, Inc.	\$210,244.31	4

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Personal Counseling Service, Inc.	\$2,500.00	1
Peru Community School Orporation	\$8,422.00	1
Pilgrim Missionary Baptist Church, Inc.	\$20,000.00	1
Pleasant Run, Inc.	\$158,080.75	2
Pokagon Band Of Potawatome Indians	\$2,000.00	1
Porter-Starke Services, Inc.	\$69,625.33	1
Preservation Partners, Inc.	\$7,005,254.00	1
Preventative Aftercare, Inc.	\$363,115.37	4
Railroad Young Men'S Christian Association		
Of Peru	\$4,200.00	1
Robert J. Kurzhals, Ph.D.	\$7,800.00	1
Scan Inc	\$183,792.71	1
Southern Indiana Mental Health & Guidance		
Center	\$22,553.28	1
Southlake Community Mental Health Center, In.	\$33,242.00	1
St. Joseph Catholic Orphan Society, Inc.	\$25,996.10	1
Tatumand Co.	\$50,007.50	1
Terrance Tanner	\$3,500.00	1
The Children's Bureau Of Indianapolis, Inc.	\$379,848.28	1
The Otis R Bowen Center For Human		
Services, Inc.	\$5,600.00	1
The Otis R. Bowen Center Forhuman	±50,667,00	
Services, Inc.	\$50,667.00	1
The Southern Hills Counseling Center, Incorporated	\$16,163.74	1
Thomas A. Smith, M.S., L.M.H.C.	\$21,070.75	1
Tina Hageman	\$20,098.21	1
Tree Of Life Community Development	Ψ20,030.21	1
Corporation	\$26,006.00	1
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	V. Thomas Mawhinney, Ph.D., Inc. Behavioral Psycho	\$46,500.00	1			
	V. Thomas Mawhinney, Phd, Inc. Behavorial Psychology	\$24,000.00	1			
	Wabash Valley Hospital, Inc.	\$10,000.00	1			
	Watt Family Company, Llc	\$58,933.00	1			
	Wernle Children's Home Inc	\$29,290.65	1			
	White'S Residential And Family Services, Inc.	\$20,000.00	1			
	Young Women's Christian Association Of Gary Ind.	\$20,003.00	1			
	Youth Opportunity Center, Inc.	\$8,936.00	1			
	Youth Service Bureau Of Huntington County,		4			
	Inc.	\$31,635.00	1			
	Youth Service Bureau Of Jay County, Inc.	\$11,000.00	1			
	Youth Service Bureau Of Porter County, Inc.	\$36,538.00	1			
Title IV-B Part I / RC Total		\$13,389,270.07	141			
Title IV-B Part I / RC Total Title XX Board Of Health	Indiana Department Of Health	\$13,389,270.07	141	\$604,830.00	1	
	Indiana Department Of Health	\$13,389,270.07	141	\$604,830.00 \$ 604,830.00	1	
Title XX Board Of Health Title XX Board Of Health	Indiana Department Of Health Department Of Correction	\$13,389,270.07	141		1 1 1	
Title XX Board Of Health Title XX Board Of Health Total		\$13,389,270.07	141	\$604,830.00	1 1 1	
Title XX Board Of Health Title XX Board Of Health Total Title XX Dept Of		\$13,389,270.07	141	\$604,830.00 \$3,840,818.00	1 1 1 1	
Title XX Board Of Health Title XX Board Of Health Total Title XX Dept Of Title XX Dept Of Total	Department Of Correction	\$13,389,270.07	141	\$604,830.00 \$3,840,818.00 \$3,840,818.00	1 1 1 1	
Title XX Board Of Health Title XX Board Of Health Total Title XX Dept Of Title XX Dept Of Total	Department Of Correction Community Centers Of Indianapolis, Inc. Fssa/Division Of Disability, Aging &	\$13,389,270.07	141	\$604,830.00 \$3,840,818.00 \$3,840,818.00 \$168,528.00	1 1 1 1 1 2	
Title XX Board Of Health Title XX Board Of Health Total Title XX Dept Of Title XX Dept Of Total	Department Of Correction Community Centers Of Indianapolis, Inc. Fssa/Division Of Disability, Aging & Rehabilitative	\$13,389,270.07	141	\$604,830.00 \$3,840,818.00 \$3,840,818.00 \$168,528.00 \$0.00	1 1 1 1 1 2 1 1	
Title XX Board Of Health Title XX Board Of Health Total Title XX Dept Of Title XX Dept Of Total	Department Of Correction Community Centers Of Indianapolis, Inc. Fssa/Division Of Disability, Aging & Rehabilitative Indiana University Kathryn Vanderwater-Piercy/Professional	\$13,389,270.07	141	\$604,830.00 \$3,840,818.00 \$3,840,818.00 \$168,528.00 \$0.00 \$332,578.85	1 1 1 1 1 2 1	
Title XX Board Of Health Title XX Board Of Health Total Title XX Dept Of Title XX Dept Of Total	Department Of Correction Community Centers Of Indianapolis, Inc. Fssa/Division Of Disability, Aging & Rehabilitative Indiana University Kathryn Vanderwater-Piercy/Professional Development	\$13,389,270.07 \$16,500.00	141	\$604,830.00 \$3,840,818.00 \$3,840,818.00 \$168,528.00 \$0.00 \$332,578.85 \$266,880.00	1 1 1 1 1 2 1	

Transition Total		\$126,500.00	2	\$1,211,486.85	7	
Unknown	Ana Sieber, The Spanish Connection			\$8,000.00	1	
	Ball State University	\$495,480.00	1	\$495,480.00	1	
	Emmis Indiana Broadcasting, Lp Dba Network Indiana			\$10,200.00	1	
	Greater Indianapolis Literacy League, Inc.			\$10,000.00	1	
	Haverstick Consulting, Inc.			\$248,600.00	1	
	Indiana University	\$70,568.00	1			
	Indiana University School Of Social Work	\$355,639.00	1			
	Leita Hart + Associates			\$7,790.00	1	
	Quantec, L.L.C.			\$6,000.00	1	
	Training Solutions Group, Llc			\$565,226.00	2	
	William J. Elliott	\$23,000.00	1	\$23,000.00	1	
Unknown Total		\$944,687.00	4	\$1,374,296.00	10	
Vocational Rehab	Balance Centers Of America, Inc.	\$0.00	1			
	Christopher Kerry Jones	\$0.00	1			
	Columbus Regional Hospital	\$0.00	1			
	Constance Brown			\$39,000.00	2	
	Crossroads Rehabilitation Services, Inc.	\$0.00	1			
	Crystal Sears			\$25,000.00	1	
	Driver Rehabilitation Services, Inc.	\$0.00	1			
	George W. Hicks, P.E.	\$0.00	1			
	Jane Ann Noblitt	\$17,500.00	1	\$47,500.00	2	
	Memorial Hospital Of South Bend	\$0.00	1			
	Nita Starkey-Warren Interpreter Network Reaching			\$46,800.00	1	
	Nita Starkey-Warren/Interpreter Network Reaching			\$35,200.00	1	
	Parkview Hospital, Inc.	\$0.00	1			

	Paul Deprez		ĺ	\$30,000.00	1
	Rehabilitation Hospital Of Indiana, Inc.	\$0.00	1		
	Rehabilitation Technology Associates, Inc.			\$24,424.00	1
	Scott Armour	\$0.00	1		
	The Rehabilitation Center, Inc.	\$0.00	1		
Vocational Rehab Total		\$17,500.00	12	\$247,924.00	9
Welfare Reform	Keane, Inc.			\$3,779,382.00	1
	Macro Associates			\$130,000.00	1
	Rcr Technology Incorporated			\$1,398,900.00	1
	Science Applications International Corp.	\$3,011,040.00	1		
Welfare Reform Total		\$3,011,040.00	1	\$5,308,282.00	3
Youth Service Bureau	City Of Gary Youth Services Bureau			\$70,000.00	1
	Crisis Center, Inc. A Youth Service Bureau			\$70,000.00	1
	Family Centered Services, Inc.			\$17,500.00	1
	Foundation For Youth Of Bartholomew County, Inc.			\$70,000.00	1
	Indiana Communities For Drug-Free Youth, Inc.			\$70,000.00	1
	Jefferson County Youth Shelter, Inc.			\$35,000.00	1
	Johnson County Youth Services Bureau, Inc.			\$70,000.00	1
	Southside Youth Council, Inc./A Youth Service Bure			\$70,000.00	1
	Vanderbugh County Prosectuor			\$70,000.00	1
	William Wilson Boys' And Girls' Club, Inc.			\$70,000.00	1
	Young Men's Christian Association Of Greater Ft Wayne			\$70,000.00	1
	Youth Service Bureau Of Wabash County, Inc.	\$74,800.00	1		

	Youth Service Bureau-Big Brothers Big Sisters Of L			\$70,000.00	1		
	Youth Services Bureau Of Huntington County, Inc.			\$70,000.00	1		
Youth Service Bureau Total		\$74,800.00	1	\$822,500.00	13		
						\$234,901,892.	
Grand Total		<u>\$563,298,039.43</u>	1238	\$381,312,800.66	1197	60	48